Behaviour Modification I

GCE 205

University of Ibadan Distance Learning Centre
Open and Distance Learning Course Series Development

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Vice-Chancellor's Message

The Distance Learning Centre is building on a solid tradition of over two decades of service in the provision of External Studies Programme and now Distance Learning Education in Nigeria and beyond. The Distance Learning mode to which we are committed is providing access to many deserving Nigerians in having access to higher education especially those who by the nature of their engagement do not have the luxury of full time education. Recently, it is contributing in no small measure to providing places for teeming Nigerian youths who for one reason or the other could not get admission into the conventional universities.

These course materials have been written by writers specially trained in ODL course delivery. The writers have made great efforts to provide up to date information, knowledge and skills in the different disciplines and ensure that the materials are user-friendly.

In addition to provision of course materials in print and e-format, a lot of Information Technology input has also gone into the deployment of course materials. Most of them can be downloaded from the DLC website and are available in audio format which you can also download into your mobile phones, IPod, MP3 among other devices to allow you listen to the audio study sessions. Some of the study session materials have been scripted and are being broadcast on the university's Diamond Radio FM 101.1, while others have been delivered and captured in audio-visual format in a classroom environment for use by our students. Detailed information on availability and access is available on the website. We will continue in our efforts to provide and review course materials for our courses.

However, for you to take advantage of these formats, you will need to improve on your I.T. skills and develop requisite distance learning Culture. It is well known that, for efficient and effective provision of Distance learning education, availability of appropriate and relevant course materials is a *sine qua non*. So also, is the availability of multiple plat form for the convenience of our students. It is in fulfilment of this, that series of course materials are being written to enable our students study at their own pace and convenience.

It is our hope that you will put these course materials to the best use.

Prof. Abel Idowu Olayinka

Vice-Chancellor

Foreword

As part of its vision of providing education for "Liberty and Development" for Nigerians and the International Community, the University of Ibadan, Distance Learning Centre has recently embarked on a vigorous repositioning agenda which aimed at embracing a holistic and all encompassing approach to the delivery of its Open Distance Learning (ODL) programmes. Thus we are committed to global best practices in distance learning provision. Apart from providing an efficient administrative and academic support for our students, we are committed to providing educational resource materials for the use of our students. We are convinced that, without an up-to-date, learner-friendly and distance learning compliant course materials, there cannot be any basis to lay claim to being a provider of distance learning education. Indeed, availability of appropriate course materials in multiple formats is the hub of any distance learning provision worldwide.

In view of the above, we are vigorously pursuing as a matter of priority, the provision of credible, learner-friendly and interactive course materials for all our courses. We commissioned the authoring of, and review of course materials to teams of experts and their outputs were subjected to rigorous peer review to ensure standard. The approach not only emphasizes cognitive knowledge, but also skills and humane values which are at the core of education, even in an ICT age.

The development of the materials which is on-going also had input from experienced editors and illustrators who have ensured that they are accurate, current and learner-friendly. They are specially written with distance learners in mind. This is very important because, distance learning involves non-residential students who can often feel isolated from the community of learners.

It is important to note that, for a distance learner to excel there is the need to source and read relevant materials apart from this course material. Therefore, adequate supplementary reading materials as well as other information sources are suggested in the course materials.

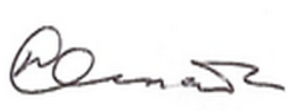
Apart from the responsibility for you to read this course material with others, you are also advised to seek assistance from your course facilitators especially academic advisors during your study even before the interactive session which is by design for revision. Your academic advisors will assist you using convenient technology including Google Hang Out, You Tube, Talk Fusion, etc. but you have to take advantage of these. It is also going to be of immense advantage if you complete assignments as at when due so as to have necessary feedbacks as a guide.

The implication of the above is that, a distance learner has a responsibility to develop requisite distance learning culture which includes diligent and disciplined self-study, seeking available administrative and academic support and acquisition of basic information technology skills. This is why you are encouraged to develop your computer skills by availing yourself the opportunity of training that the Centre's provide and put these into use.

In conclusion, it is envisaged that the course materials would also be useful for the regular students of tertiary institutions in Nigeria who are faced with a dearth of high quality textbooks. We are therefore, delighted to present these titles to both our distance learning students and the university's regular students. We are confident that the materials will be an invaluable resource to all.

We would like to thank all our authors, reviewers and production staff for the high quality of work.

Best wishes.



Professor Bayo Okunade

Director

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Table of Contents

Study Session 1

What is Behaviour?

Introduction

Behaviour is defined as the way individuals act or behave. When you have completed this session, you should be able to understand and explain what behaviour is as well as explain factors that determine individual differences in human behaviour. Finally, you should be able to explain the roles of society in correcting bad behaviour and ensure the occurrence of desirable behaviour.

Learning Outcomes for Study Session 1

When you have studied this session, you should be able to:

1.1 Define Human behaviour (SAQ 1.1)

1.2 Explain 5 root causes of behaviour differences (SAQ 1.2)

1.1 What is Behaviour?

Behaviour can be defined as the way in which an individual behaves or acts. It is the way an individual conducts herself/himself. Behaviour should be viewed in reference to a phenomenon, an object or person. It can be seen in reference to society norms, or the way in which one treats others or handles objects. Behaviour, therefore, is the way an individual acts towards people, society or objects. It can be either bad or good. It can be normal or abnormal according to society norms. Society will always try to correct bad behaviour and try to bring abnormal behaviour back to normal.

1.2 Root Causes of Behaviour Differences

Science and the study of human behaviour have shown clearly that no two individuals are exactly the same. The following are the root causes of behaviour differences:

1. individual differences
2. differences in family patterns
3. impairment/disabilities
4. environmental factors
5. psychological factors.

Each of these is discussed in detail below.

1.2.1 Individual Differences

Pupils change because of growth and development. This is likely to cause differences in them. Key aspects of these differences include:

(a) Sex differences
(b) Intellectual differences
(c) Physical differences
(d) Personal and emotional differences.

How do they cause behaviour differences? It is good to examine each of them.

(a) Sex Differences

Each of us is born a boy or a girl, and this in itself is a difference. However, the real differences are anatomical and physiological, i.e., the organs of the body and physique. These cause many differences in behaviour. While girls are regarded as soft and tender, boys are regarded as strong and vigorous. This tends to influence the kind of activities they indulge in when in school, and hence cause behaviour differences. Boys may tend to choose physical activities, e.g., a four hundred metre race, while the girls do not. However, the problem is that women are often regarded as the weaker sex, and considered unable to perform as males in several fields. Such misconceptions and attitudes sometimes influence women assuming pre-determined roles.

Figure 1.1 *Male and a female| sex difference is one of the root cause of behaviour differences (photo by colourbox.com)*

(b) Intellectual Differences

You should be aware that there are intellectual differences among individuals. Some are bright, others dull, while some are geniuses. You may have noticed that those with low marks suffer from an inferiority complex. Others suffer from a superiority complex, and think highly of themselves. For your pupils to be able to work in harmony, you will need to guide and counsel both groups.

(c) Physical Differences

People differ in:

- Physical appearance
- Facial features
- Growth and development rate
- Energy
- Posture
- Height, weight and volume.

You may have observed that physical differences make some people dull, others active, more able, etc. Similarly with intelligence, those who are weaker may feel inferior and vice versa. This inferiority may result in behaviour problems, e.g., isolation from peers.

(d) Personal and Emotional Differences

You may have observed that pupils differ in interests, ability, aspirations, belief, attitudes and other personality traits. If a pupil fails to develop his personality, he may fail to reach his

goals. Such failure usually leads to emotional outbursts; and a pupil may become frustrated or desperate.

- Kayode is a teacher, he is trying to understand why his students have different abilities, especially those in the same class. He wants to help them learn better so he consulted a counselor who try to explain these differences to him and how the differences may affect their behaviour in class and elsewhere. What do you think the counselor will tell Kayode?

  - Differences in behaviour go a long way in determining the outlook of people, some physical differences make some people dull, others active, more able, etc. Similarly with intelligence, those who are weaker may feel inferior and vice versa. This inferiority may result in behaviour problems, e.g., isolation from peers. People also differ in interests, ability, aspirations, belief, attitudes and other personality traits. If a pupil fails to develop his personality, he may fail to reach his goals. Such failure usually leads to emotional outbursts; and a pupil may become frustrated or desperate.

1.2.2 Differences in Family Patterns

Parents have traditionally been held responsible for their children's behaviour or character, until they reach adolescence. When youngsters misbehave, the natural tendency is to blame it on parental mismanagement or family disintegration. You should, however, note that your pupils' behaviour patterns can be influenced by family patterns and practices.

Impairment/Disabilities

Some individuals with some degree of disabilities behave differently than those without any known disability. Some disabilities are pronounced, e.g., motor-impairment (physical disability) while others may be mild e.g., a hearing impairment or poor vision (not seeing some things clearly). Some disabilities can be caused by biological factors. The nervous and endocrine systems together co-ordinate the behaviour of human beings and animals. Biologists have long established that genetic factors are potentially responsible for variations in human behaviour. Disordered behaviour may, therefore, be a result of genetic accident, bacterial or viral disease, parasitic infection, brain injury, brain dysfunction or biochemical imbalance. The biological factors, however, cannot be considered in isolation because they interact with other social and environmental factors.

Figure 1.2: *A disabled child| Disability is one of the root cause of behaviour differences (huffingtonpost.com)*

These biologically-oriented problems can be medically cured and may not have direct implications for educators. Nevertheless there are some biological factors which contribute to some of the behaviour problems summarized below:

(a) Genetic Accidents

Children inherit characteristics from their parents through genes. Genes have been suggested as the causes of behavioural difficulties, from hyperactivity to criminality. Environmental factors, particularly social learning, play an important role in modifying inherited behavioural predispositions.

(b) Brain Damage or Dysfunction

The brain can be traumatized in different ways before, during, or after birth: during birth, in an accident, prolonged high fever, infectious diseases (such as meningitis), toxic chemicals (such as drugs or poisons taken by the child or by the woman during pregnancy), or hypoxia (reduced oxygen availability).

(c) Nutritional Errors

Severe malnutrition in young children leads to retardation in brain growth, irreversible brain damage and mental retardation. Apathy, social withdrawal and school failure are possible long-term outcomes.

(d) Hyperactivity

There is no supporting data that this is caused by biological factors.

(e) Physical Illness or Disability

A child who is physically ill is more prone to irritability, withdrawal or other behaviour problems. Some physical illnesses are transitory. Physical illnesses believed to be caused by an individual's psychological state are called psychosomatic or psycho physiological. Disorders that are assumed to be psycho-physiological involve disruption of normal biological processes, e.g. breathing disorders such as asthma.

Activity 1.1

Take a moment to reflect on what you have read so far. Based on your learning experience, tried to examine the behaviour of an individual you and discuss how it impact different aspect of his or her life

Activity 1.1 Feedback:

Key aspects of these differences include:
(a) Sex differences
(b) Intellectual differences
(c) Physical differences
(d) Personal and emotional differences.

Box 1.2: What is Behaviour?

Behaviour can be defined as the way in which an individual behaves or acts. It is the way an individual conducts herself/himself. Behaviour should be viewed in reference to a phenomenon, an object or person. It can be

seen in reference to society norms, or the way in which one treats others or handles objects.

Summary of Study Session 1

Summary

In Study session 1, you have learned that:

1. Behaviour can be defined in several ways. It describes the way an individual acts. It can be seen in reference to society norms.
2. No two individuals are exactly the same. Therefore, they are different in their behaviour and ways of reacting to issues and events.
3. Factors that influence individual differences include: differences in family patterns; psychological factors; environmental factors; individual differences; impairment/disabilities.

Self-Assessment Questions (SAQ) for Study Session 1

Assessment

Now that you have completed this study session, you can assess how well you have achieved its Learning Outcomes by answering these questions. You can check your answers with the Notes on the Self-Assessment Questions at the end of this Module.

SAQ 1.1 (tests learning outcome 1.1)

Define Human behaviour

SAQ 1.2 (tests learning outcome 1.2)

What are the root causes of behaviour differences?

SAQ 1.3 (tests learning outcome 1.3)

Explain factors affecting human behaviour

Notes on the Self-Assessment Questions (SAQs) for Study Session 1

SAQ 1.1: Behaviour can be defined as the way in which an individual behaves or acts. It is the way an individual conducts herself/himself. Behaviour should be viewed in reference to a phenomenon, an object or person

SAQ 1.2: 1. individual differences
2. differences in family patterns
3. impairment/disabilities
4. environmental factors
5. psychological factors.

Study Session 2

Understanding Behaviour Problems

Introduction

In this session, you will learn about what behaviour is and causes of differences in behaviour across individuals. In this lesson, you will also learn what happens when a particular behaviour falls short of the "norm". When it becomes unacceptable, such behaviour, no doubt, requires immediate modification. In addition, you should be able to explain the root causes of behaviour problems as well as types of such behaviour.

Learning Outcomes for Study Session 2

When you have studied this session, you should be able to:

2.1 Define Behavioural problems (SAQ 2.1)

2.2 Mention 5 prevalent disorders in children (SAQ 2.2)

2.1 Defining Behavioural Problems

Hall & Elliman (2003) define psychological, emotional and behavioural problems as *'behaviours or distressed emotions, which are common or normal in children at some stage of development, but become abnormal by virtue of their frequency or severity, or their inappropriateness for a particular child's age compared to the majority of ordinary children'.*

The most prevalent types of disorders disclosed in children are:

- emotional disorders, e.g. depression, anxiety states, phobias and psychosomatic disorders
- oppositional defiant disorders and conduct disorders (ODD and CD), e.g. non compliance, defiance, stealing, truancy, aggression and more persistent delinquency.
- attention deficit disorder, with or without hyperactivity (ADHD and ADD)
- major psychiatric disorders e.g. psychosis, which increasingly occur from puberty onwards
- developmental delay and autism
- eating disorders, e.g. anorexia nervosa
- antisocial behaviour e.g. drug and alcohol abuse

The spectrum of behaviours can therefore vary from very mild to clinically problematic, and their definition and nature often expands beyond the term 'behavioural problems' itself to incorporate mental and emotional health problems. Often the behavioural problem is a manifestation of a deeper emotional/mental health problem.

2.2 Key Entry Points to Development of Behavioural Problems

2.2.1 Early Childhood

Early behavioural problems has been cited as one of the strongest predictors of later problems, including psychological difficulties, involvement in crime and antisocial behaviour. Children who exhibit particularly high levels of externalizing behaviour problems early in their lives are at high risk for intensifying to lying, bullying and fighting in middle childhood, and more serious behaviours such as cruelty to animals, vandalism and aggressive criminal behaviours in adolescence. Children with conduct disorders at a young age are more likely to have higher rates of juvenile offending, substance use and mental health problems in later adolescence. Current thinking therefore emphasises a focus on the early primary school years to prevent the development of persistent anti-social behaviour. However, thinking also concludes that interventions targeting experimental antisocial behaviour should focus on the early secondary school years.

Bayo noticed that Bimbo, a young boy in his class is always fighting, destroying things in the class, stealing and beating up his friends. Bayo wants to help him change, he also wants to know how bimbo is likely to behave in the future if this behaviours are not stopped now when he is young.

- Bimbo is likely to have higher rates of juvenile offending, substance use and mental health problems in later adolescence

Figure 2.1 *Psychological difficulty can be spotted when a child is still young| (photo by specialedu.ku.edu)*

2.2.2 Early Adolescence

Adolescence is a key stage of life development when children require an understanding of the life challenges they face and need to develop basic skills to cope with difficult emotions. It is a time of increased risk of poor mental health with anxiety, depression, psychosis, eating disorders, and substance misuse becoming more prevalent, as well as an increasing risk of deliberate self-harm and suicidal behaviour.

Some young people begin to exhibit problem behaviours during early adolescence. In such cases, entry into conduct problems generally occurs through associations with peers. Externalising behaviour problems can intensify during this period when peer influences can lead to rule breaking behaviour such as delinquent and antisocial behaviours, substance use, and in some cases, gang involvement and drug dealing.

Activity 2.1

Take a moment to reflect on what you have read so far. Based on your learning experience, discuss how the prevalent disorder after children in class and later in future

Activity 2.1 Feedback:

The most prevalent types of disorders disclosed in children are:

- emotional disorders, e.g. depression, anxiety states, phobias and psychosomatic disorders
- oppositional defiant disorders and conduct disorders (ODD and CD), e.g. non compliance, defiance, stealing, truancy, aggression and more persistent delinquency.
- attention deficit disorder, with or without hyperactivity (ADHD and ADD)
- major psychiatric disorders e.g. psychosis, which increasingly occur from puberty onwards
- developmental delay and autism
- eating disorders, e.g. anorexia nervosa
- antisocial behaviour e.g. drug and alcohol abuse

Box 2.1 Behavioural Problem

The spectrum of behaviours can therefore vary from very mild to clinically problematic, and their definition and nature often expands beyond the term 'behavioural problems' itself to incorporate mental and emotional health problems. Often the behavioural problem is a manifestation of a deeper emotional/mental health problem.

Summary of Study Session 2

Summary

In Study session 2, you have learned that:

1. Problems behaviours describe behaviours or distressed emotions which are common or normal in children at some stage of development but become abnormal by virtue of their frequency or severity or their inappropriateness for a particular child's age compared to the majority of ordinary children.
2. Two major entry points stages to behaviour problems are early childhood stage and early adolescence stage.

Self-Assessment Questions (SAQ) for Study Session 2

Assessment

Now that you have completed this study session, you can assess how well you have achieved its Learning Outcomes by answering these questions. You can check your answers with the Notes on the Self-Assessment Questions at the end of this Module.

SAQ 2.1 (tests learning outcome 2.1)

Define Behavioural problems

SAQ 2.2 (tests learning outcome 2.2)

Mention 5 prevalent disorders in children

Notes on the Self-Assessment Questions (SAQs) for Study Session 2

SAQ 2.1: Hall & Elliman (2003) define psychological, emotional and behavioural problems as *'behaviours or distressed emotions, which are common or normal in children at some stage of development, but become abnormal by virtue of their frequency or severity, or their inappropriateness for a particular child's age compared to the majority of ordinary children'.*

SAQ 2.2:

- emotional disorders, e.g. depression, anxiety states, phobias and psychosomatic disorders
- oppositional defiant disorders and conduct disorders (ODD and CD), e.g. non compliance, defiance, stealing, truancy, aggression and more persistent delinquency.
- attention deficit disorder, with or without hyperactivity (ADHD and ADD)
- major psychiatric disorders e.g. psychosis, which increasingly occur from puberty onwards
- developmental delay and autism
- eating disorders, e.g. anorexia nervosa
- antisocial behaviour e.g. drug and alcohol abuse

Study Session 3

Risk Factors for Behaviour Problems

Introduction

Risk factors can be defined as those factors associated with a higher likelihood of negative outcomes and have mainly been studied in relationship to the development of problem behaviour (Deković, 1999). In order to accurately identify support strategies for parents whose children exhibit behavioural problems, it is essential to have an understanding of the factors that place children at risk of, or contribute to the development of such behaviour in the first place.

In this session, you will learn about key risk factors associated with the onset and development of child and adolescent behavioural problems, and in turn, an identification of high risk groups of children. In addition, you will be able to identify and design critical supports for both parents and their children.

Learning Outcomes for Study Session 3

When you have studied this session, you should be able to:

3.1 Identify key risk factors associated with the onset and development of child (SAQ 3.1)

3.1 Parent/Child Biological Factors

3.1.1 Maternal Factors

Age

Although it is not clear how maternal age is related to child behaviour problems, at least two kinds of variables can be hypothesised as mediators. First having a child earlier in life often restricts maternal educational and occupational attainment and related life circumstances, such as neighbourhood of residence, that are associated with youth conduct problems and crime. Research also suggests that less mature women may be more likely to raise their children in ways that foster conduct problems, such as use of harsh and inconsistent discipline.

Maternal Smoking/Alcohol Consumption

Research has consistently associated factors such as low birth weight and maternal smoking or alcohol consumption during pregnancy with later health, education and behaviour

problems. A child may develop brain damage as a result of maternal smoking /alcohol use during pregnancy.

Figure 3.1 *A child might develop brain damage if the mother takes alcohol and smokes during pregnancy | photo by Nydailynews.com and Ranker.com*

3.1.2 Family Factors and Processes

A number of aspects of family interaction can increase the risk of developing behavioural problems from early childhood through to adolescence. Specifically, lower levels of engagement, greater use of invalidation, and harsh and inconsistent discipline have all been identified as causal risk factors for the development of behavioural problems.

Figure 3.2 *Quality of relationship in the family affects the child | photo by Comtemporary media solution*

(a) Parent's Relationship Status

Research in relation to the impact of parent's relationship status on child wellbeing and behaviour is mixed. McKeown, Pratschke and Haase (2003) found practically no statistically significant variation in the wellbeing of children in four family types, indicating parent's marital status and presence of one or two parents in household do not, of themselves, affect the child's wellbeing. Existing evidence in relation to the effects of differing family types on children suggests that the nature of the household is not the most significant factor, but rather the quality of the relationships and the economic resources available to the family. Other studies have shown that a higher proportion of children in lone parent households have scholastic or emotional problems, compared to those living with both parents, but report this to be more likely due to economic circumstances than to parental marital status.

(b) Parenting Approach

Ongoing parental conflict, particularly where it directly involves children increases the risk of poor outcomes for children. McKeown et al., (2003) found the first and most important process to affect child wellbeing, as reported by the child, was that of unresolved problems between the child and its parents, including conflicts relating to behaviour (e.g. homework, school progress, drinking/smoking), family issues (e.g. doing things as a family, communication) and personal autonomy (e.g. how much pocket money is spent, boyfriend/girlfriend).

Joke parents are divorced, she always find it difficult to adjust in the class. Her teacher wants to know what exactly the root of her problems is and how to explain them. So that she can be helped

- Higher proportion of children in lone parent households have scholastic or emotional problems, compared to those living with both parents and unresolved problems between the child and its parents affect the child's behaviour

Conflict with parents has been found to be strongly associated with contact with antisocial peers and substance use. High levels of positive family relations, parental monitoring, rule setting, and positive reinforcement for appropriate behaviour are associated with less contact with disruptive peers, less engagement in antisocial behaviour and less substance use.

Firm Discipline V Hard Discipline

Parents who provide firm discipline and monitoring of their adolescents tend to have children who become involved with peers of similar parenting discipline styles. Being involved in networks of this type protect against delinquency because parental monitoring protects against association with disruptive peers. Parental discipline and conflict management have been primary targets for many intervention programmes and trials have consistently documented that improvements in these areas leads to improvements in child/adolescent behaviour.

(c) Family Income

Economic disadvantage is linked with relatively high rates of martial unhappiness, general dissatisfaction, vulnerability to depression and restricted access to employment opportunities, childcare and social participation. Compared to their economically advantaged peers, children

in economically disadvantaged households are exposed to more family turmoil, violence, separation from their families and instability.

There is evidence of a close response relationship between child behaviour and poverty: the longer a child is in poverty, the more at risk they are of behavioural problems when compared to children from families in short term poverty or affluence.

Parental structuring of the learning environment

Research to date conducted with school aged children and adolescents suggests that families that encourage involvement with school and maintain contact with the school have children who show fewer problematic behaviours than do families who are less involved. This encourages and supports parental involvement in all its ramifications.

Family history of problem behaviour

A sizeable body of literature has examined whether the presence of antisocial behaviour, delinquency or criminal behaviour in other family members places children at increased risks for similar behaviours. Much of this work has found increased risk when mothers, fathers, or siblings were rated as more antisocial or had a history of delinquency or criminal behaviour.

3.1.3 The Community

(a) The Neighbourhood

Social factors play an important role in parenting and may place certain families at risk of suboptimal parenting, leading to an increased risk of emotional and behavioural problems in children. The neighbourhood one lives in can provide protection, or increase risk. In Kolvin *et al's* (1990) study, the surrounding environment was almost as important in predicting delinquency as was family deprivation. Other neighbourhood factors cited in research which influence child behaviour include community disorganisation and neglect, availability of drugs, general disadvantage in the neighbourhood, high turnover and lack of neighbourhood attachment.

(b) Peer Influences

Particularly as children mature into adolescents, peers play a large role in shaping both appropriate and inappropriate behaviours. Children at the adolescence stage have more confidence and trust in their peers and this plays out in both positive and especially negative consequences.

(c) School

The way that young people engage with or disengage from formal education and training is crucial to their later experiences and behaviours. Ensuring that children and adolescents remain engaged in the educational system is a crucial first step that can be taken to break the cycle of social exclusion. School may act as an important risk or protective feature in the child's life. School offers the possibility of academic and social success and factors that will influence outcome include socioeconomic and family background, IQ, the ability to learn and the school environment.

colourbox

Activity 3.1

Take a moment to reflect on what you have read so far. Based on your learning experience, explain what firm discipline V hard discipline is

Activity 3.1 Feedback:

Parents who provide firm discipline and monitoring of their adolescents tend to have children who become involved with peers of similar parenting discipline styles. Being involved in networks of this type protect against delinquency because parental monitoring protects against association with disruptive peers. Parental discipline and conflict management have been primary targets for many intervention programmes and trials have consistently documented that improvements in these areas leads to improvements in child/adolescent behaviour.

Box 3.1: What is Risk Factor?

Risk factors can be defined as those factors associated with a higher likelihood of negative outcomes and have mainly been studied in relationship to the development of problem behaviour (Deković, 1999). In order to accurately identify support strategies for parents whose children exhibit behavioural problems, it is essential to have an understanding of the factors that place children at risk of, or contribute to the development of such behaviour in the first place.

Summary of Study Session 3

Summary

In Study session 3, you have learned that:

1. Risk factors can be defined as those factors associated with a higher likelihood of negative outcomes and have been studied in relationship to the development of problem behaviours.
2. Such risk factors among others include: parental/child biological factors; family factors and processes; and community.
3. It is very important to have an early identification of such factors as this leads to early enrolment into treatment, care and support for both parents and their children.

Self-Assessment Questions (SAQ) for Study Session 3

Assessment

Now that you have completed this study session, you can assess how well you have achieved its Learning Outcomes by answering these questions. You can check your answers with the Notes on the Self-Assessment Questions at the end of this Module.

SAQ 3.1 (tests learning outcome 3.1)

Identify key risk factors associated with the onset and development of child

Notes on the Self-Assessment Questions (SAQs) for Study Session 3

SAQ 3.1:

Age
Maternal Smoking/Alcohol Consumption
Parent's Relationship Status
Parenting Approach

Family Income

The Neighbourhood

Peer Influences

School

Study Session 4

Protective Factors

Introduction

In this session, you will learn about the protective factors which are those factors associated with higher likelihood of the occurrence of desirable behaviour among the children. You will also learn about the differences between risk and protective factors as well as factors influencing such factors and the different aspect of protective factors through the development of positive interventions and relationship with relevant stakeholders.

Learning Outcomes for Study Session 4

When you have studied this session, you should be able to:

4.1 Define protective factors (SAQ 4.1)

4.2 List how protective factors operate (SAQ 4.2)

4.1 Protective Factors

Protective factors that enable a child to 'bounce back' or show resilience in the face of challenges and threats (Cummins, McMaster, 2006). Protective factors can operate in a variety of ways. They can:

- directly reduce a risk
- buffer an individual against the effects of a Risk
- disrupt the mediating factors associated with the risk
- prevent the initial occurrence of the risk factor

Place, Reynolds, Cousins and O'Neil (2002) have described protective factors under three main headings:

- Individual factors: good problem solving, good social skills, self-reliance, positive outlook on life, high cognitive ability, emotional resilience
- Family factors: quality of attachment, socioeconomic status
- Community factors: parental satisfaction with social support.

Protective factors are linked to positive outcomes even when children are growing up in adverse circumstances and heavily exposed to risk. They may also include positive events or turning points in people's lives such as educational success.

According to Place, Reynolds, Cousins and O'Neil (2002), how did they describe protective factors?

- They defined it as:
  Individual factors: good problem solving, good social skills, self-reliance, positive outlook on life, high cognitive ability, emotional resilience
  Family factors: quality of attachment, socioeconomic status
  Community factors: parental satisfaction with social support.

In addition to the above, protective factors encourage health standards set by parents/ teachers/community; Opportunities for involvement in family school and community; social and learning skills that enable participation and recognition and praise for positive behaviour. Overall, then, any strategy or support which fosters and enhances exposure to protective factors for parents and their children are likely to impact positively on children's behaviour.

Resilience is also an important feature when considering/promoting protective factors to address behavioural problems. Resilience refers to the strengths and protective factors which cushion a vulnerable child/young person from the worst effects of adversity in whatever form it takes and help a child/young person to cope, survive and even thrive in the face of hurt and disadvantage.

Gilligan (2000) notes, that although child qualities are important in understanding resilience, the experiences the child encounters and how she/he processes these are also important, since it is this part of resilience which is susceptible to influence.

The strength and protective factors associated with (the development of) resilience have been explored under three sets of characteristics:

- Attributes of children/young people themselves (e.g. self-esteem, positive values and social competencies);
- Characteristics of their families (e.g. quality of parent-child relationship, family environment where there are clear expectations and opportunities for child/young person's participation);
- Characteristics of their wider social environment (includes nature of friendships, education, community).

A resilience led approach focuses on developing strengths and protective factors that help children adapt to difficulties and do better than might be expected. They attempt to shift the balance from vulnerability to resilience by increasing the number of available protective factors in children's lives. This means identifying, and increasing strengths (protective factors) in children's lives wherever possible.

Activity 4.1

Take a moment to reflect on what you have read so far. Based on your learning experience, discuss the strength and protective factors associated with (the development of) resilience

Activity 4.1 Feedback:

- Attributes of children/young people themselves (e.g. self-esteem, positive values and social competencies);
- Characteristics of their families (e.g. quality of parent-child relationship, family environment where there are clear expectations and opportunities for child/young person's participation);
- Characteristics of their wider social environment (includes nature of friendships, education, community).

Box 4.1: Protective factors

Protective factors that enable a child to 'bounce back' or show resilience in the face of challenges and threats (Cummins, McMaster, 2006). Protective factors can operate in a variety of ways. They can:

- directly reduce a risk
- buffer an individual against the effects of a Risk
- disrupt the mediating factors associated with the risk
- prevent the initial occurrence of the risk factor

Summary of Study Session 4

Summary

In Study session 4, you have learned that:

1. The more children are exposed to protective factors, the less likely they are to report taking part in antisocial activities.
2. Protective factors enable a child to "bounce back" or show resilience in the face of challenges and threats. Protective factors can be viewed under three headings: individual factors; family factors and; parental factors.

Self-Assessment Questions (SAQ) for Study Session 4

Assessment

Now that you have completed this study session, you can assess how well you have achieved its Learning Outcomes by answering these questions. You can check your answers with the Notes on the Self-Assessment Questions at the end of this Module.

SAQ 4.1 (tests learning outcome 4.1)

Define protective factors

SAQ 4.2 (tests learning outcome 4.2)

List how protective factors operate

Notes on the Self-Assessment Questions (SAQs) for Study Session 4

SAQ 4.1: Protective factors that enable a child to 'bounce back' or show resilience in the face of challenges and threats (Cummins, McMaster, 2006)

SAQ 4.2:

- directly reduce a risk
- buffer an individual against the effects of a Risk
- disrupt the mediating factors associated with the risk
- prevent the initial occurrence of the risk factor

Study Session 5

Background to Behaviour Modification

Introduction

This study session will give you an insight into the nature of behaviour modification. An attempt will also be made to make a distinction between behaviour modification, behaviour therapy and behaviour influence. A lot of misconceptions abounds with regards to the field of behaviour modification.

Learning Outcomes for Study Session 5

When you have studied this session, you should be able to:

5.1 Explain the nature of behavioural modification (SAQ 5.1)

5.2 Define the behaviour modification (SAQ 5.2)

5.3 Define behaviour therapy (SAQ 5.3)

5.4 Explain what behaviour modification is not (SAQ 5.4)

5.1 The Nature of Behaviour Modification

The field of behaviour modification has gained more prominence among professionals and laymen than any other area of modern applied psychology. It is a scientific method which seeks to modify or change an individual's pattern of behaviour on the premise that the observed behaviour is abnormal, dysfunctional or undesirable.

To understand behaviour modification, let us first attempt to understand behaviour influence. Behaviour influence occurs whenever one person exerts some degree of control over another. This type of influence occurs constantly in such diverse situations as formal educational settings like schools and colleges, in advertising, child rearing, political campaigning and other normal interpersonal interactions. But this is not behaviour modification because behaviour influence is much wider practiced and less systematic than behaviour modification.

5.2 What then is Behaviour Modification?

Behaviour modification is a special form of influence that involves primarily the application of principles derived from research in experimental psychology to alleviate human suffering and enhance its functioning. Behaviour modification therefore, emphasizes systematic monitoring and evaluation of the effectiveness of these aforementioned applications.

Generally, the techniques of behaviour modification are usually intended to facilitate self-control by expanding an individual's skills, abilities and independence. Most behaviour modification strategies are based on the general principle that people are influenced by the consequences of their behaviour. Also behaviour modification assumes that the current environment is more relevant in affecting an individual's behaviour than most early experience.

Behaviour influence occurs whenever one person exerts some degree of control over another, what do you behaviour modification is?

- Behaviour modification is a special form of influence that involves primarily the application of principles derived from research in experimental psychology to alleviate human suffering and enhance its functioning.

5.3 What is Behaviour Therapy?

The term Behaviour Therapy is sometimes used synonymously with behaviour modification. But for purpose of clarity in this course, we shall try to differentiate behaviour modification from behaviour therapy.

Behaviour Influence, like we observed earlier, is broader than behaviour modification while behaviour modification is broader than behaviour therapy. Behaviour therapy essentially refers to clinical interventions usually applied in a one-to-one, therapist-client relationship. This means that behaviour therapy is a special form of behaviour modification in which the therapist or helper and the client interact in one-to-one relationship to seek solutions to the client's problems.

The relationship or the scope of these three areas of applied behavioural science is best conceived by the illustration below:

The relationship between Behaviour Therapy, Behaviour Modification and Behaviour Influence

5.4 What Behaviour Modification is Not

We shall now proceed to discuss some misconceptions that have been held about the field of behaviour modification. First, let me point out that these erroneous conceptions come from workers or researchers in related areas of psychology and the helping profession who pretend to have an impressive knowledge of behaviour modification but actually do not.

The first of such common misconceptions is that behaviour modification is only an application of the discipline of behaviour modification. Behaviour modification applies learning principles in many programmes but such application is not limited to learning principles alone. The best characterization of behaviour modification can be seen in the application of a systematic and clearly stated, well tested and explicitly defined scientific approach rather than any other thing.

Another wrong labeling made on behaviour modification is that it attempts to condition human beings against their personal wishes and desire, thus breaking the basic principle of human rights and freedom. This is wrong because the professional body governing the practice of behaviour modification has a set of guiding principles that ensures that client's or their significant others are fully briefed about the behaviour change programme and all that is involved. This means that the client and his or her guardians and parents are well informed about the behaviour change programme. It is a misconception to say that clients are exposed to therapy against their wish and desire.

Activity 5.1

Take a moment to reflect on what you have read so far. Based on your learning experience, what are the misconceptions about behaviour modification?

Activity 5.1 Feedback:

Common misconceptions is that behaviour modification is only an application of the discipline of behaviour modification. Behaviour modification applies learning principles in many programmes but such application is not limited to learning principles alone. The best characterization of behaviour modification can be seen in the application of a systematic and clearly stated, well tested and explicitly defined scientific approach rather than any other thing.

Box 5.1 Behaviour Modification

To understand behaviour modification, let us first attempt to understand behaviour influence. Behaviour influence occurs whenever one person exerts some degree of control over another. This type of influence occurs constantly in such diverse situations as formal educational settings like schools and colleges, in advertising, child rearing, political campaigning and other normal interpersonal interactions.

Summary of Study Session 5

Summary

In Study session 5, you have learned that:

1. Behaviour modification has gained more prominence than most of other areas of applied psychology. It is a method used to modify an individual's behaviour along desirable lines.
2. Behaviour modification occurs whenever one person exerts some degree of control over another, while behaviour therapy is a special form of interaction in which a helper (the therapist) interacts with the client in one-to-one situation to effect change on some misconceptions that abound in behaviour modification

practice. Among these are that behaviour modification is just an application of learning principles, also that it attempts to condition human beings against their personal wishes and desire. None of these two are really convincingly true of the practice of behaviour modification. They are erroneous conceptions.

Self-Assessment Questions (SAQ) for Study Session 5

Assessment

Now that you have completed this study session, you can assess how well you have achieved its Learning Outcomes by answering these questions. You can check your answers with the Notes on the Self-Assessment Questions at the end of this Module.

SAQ 5.1 (tests learning outcome 5.1)

Explain the nature of behaviour modification

SAQ 5.2 (tests learning outcome 5.2)

Define behaviour modification

SAQ 5.3 (tests learning outcome 5.3)

Define behaviour change

SAQ 5.4 (tests learning outcome 5.4)

Explain what behaviour modification is not

Notes on the Self-Assessment Questions (SAQs) for Study Session 5

SAQ 5.1: The field of behaviour modification has gained more prominence among professionals and laymen than any other area of modern applied psychology. It is a scientific method which seeks to modify or change an individual's pattern of behaviour on the premise that the observed behaviour is abnormal, dysfunctional or undesirable.

SAQ 5.2: Behaviour modification is a special form of influence that involves primarily the application of principles derived from research in experimental psychology to alleviate human suffering and enhance its functioning. Behaviour modification therefore, emphasizes systematic monitoring and evaluation of the effectiveness of these aforementioned applications.

SAQ 5.3: Behaviour Influence, like we observed earlier, is broader than behaviour modification while behaviour modification is broader than behaviour therapy. Behaviour therapy essentially refers to clinical interventions usually applied in a one-to-one, therapist-client relationship. This means that behaviour therapy is a special form of behaviour modification in which the therapist or helper and the client interact in one-to-one relationship to seek solutions to the client's problems.

SAQ 5.4: Common misconceptions is that behaviour modification is only an application of the discipline of behaviour modification. Behaviour modification applies learning principles in many programmes but such application is not limited to learning principles alone. The best characterization of behaviour modification can be seen

in the application of a systematic and clearly stated, well tested and explicitly defined scientific approach rather than any other thing.

Another wrong labeling made on behaviour modification is that it attempts to condition human beings against their personal wishes and desire, thus breaking the basic principle of human rights and freedom.

Study Session 6

History of Behaviour Modification

Introduction

Our concern in this study session is the History of Behaviour Modification. You will learn about the development of Behaviour modification as a discipline from its humble beginning in early 20th century to its present stage as a full –bloom scientific approach and discipline.

Learning Outcomes for Study Session 6

When you have studied this session, you should be able to:

6.1 Briefly describe the history of behaviour modification (SAQ 6.1)

6.1 The History of Behaviour Modification

The History of behaviour modification is as old as human race itself. This is because human beings have always modified their own behaviour, the behaviour of their spouses, children and even that of their pets. Though people did not specify that they used any of the modern behaviour modification techniques like prompting, modeling, chaining or shaping to alter behaviour, yet they did change human behaviours for the better. The study of the systematic application of behaviour modification is a comparatively new area of academic endeavour.

The person who is usually given credit for introducing behaviour modification is John B. Watson (1898-1958). He did most of his research work at the University of Chicago and John Hopkins University during the first quarter of the 20th century. It was Watson who advocated the use of "methodological behaviourism" in the scientific study of human behaviour. While this scholar is best remembered today in academic circles for what is popularly labeled "radical behaviour", or the reduction of the human organism to a bundle of responses, it was his emphasis on methodology and his scientific approach to the study of behaviour that makes him truly the founder of behaviour modification.

The present trend of increased interest in behaviour modification began in the early 1950s. The 1960s and 1970s witnessed an enormous growth in both laboratory studies and applied evaluations. It is quite true that considerable discussion has occurred as regards to who should be given credit for beginning the current era of behaviour modification, but there is little doubt that the most widely known and most controversial behaviour modifier is B.F. Skinner. It was he and his colleagues who in 1953 systematically studied the use of the principles of operant conditioning with psychotic patients at the laboratory for Behaviour Research at the Metropolitan State Hospital in Waltham, Massachusetts in the United States of America. His pace setting book, Science and Human Behaviour was published in 1953.

At about the same time, Joseph Wolpe, who was later joined by Arnold Lazarus began work in what was presented as the application of certain physiological findings and the principles of conditioning based on Hull's (1943) learning theory. Their early research work most

noted for the clinical procedure of systematic desensitization was a major force in determining the direction of the development of behaviour modification as a field of endeavour. H.J. Eysenck is usually included among the group of clinicians who claimed an alliance with the clinical application of classical conditioning. He argued strongly against the psychoanalytic model of Sigmund Freud. Furthermore, his behaviour therapy-oriented books of 1960 and 1964 set the tone for many behaviour modifiers in their rejection of the quasi-medical (Freudian or Psychoanalytic) model of abnormal behaviour.

Figure 6.1 *Joseph Wolpe worked on the application of certain physiological findings and the principles of conditioning based on Hull's (1943) learning theory. Photo by quizlet.com*

Thus the stage was set – the psychoanalytic model was rejected and the principles of behaviour modification was then synonymous with the clinical application of the principles of operant and classical conditioning. This thus resulted in the conceptualization of behaviour modification as follows:

1. Normal and abnormal behaviour develop according to the same principles
2. All behaviour is modified or changed according to principles of learning (that is, principles of operant and classical conditioning).

To the extent that the psychoanalytic model failed to be empirically verified and the application of the principles of learning could be empirically validated, this view of behaviour modification had arrived that the methods of change could be derived from the principles of operant conditioning and that the conceptual model was complete was not scientifically acceptable.

The increased and the broadened emphasis in behaviour modification was reflected in the appearance of four behavioural journals in addition to increased publication of behavioural articles in the American Psychological Association journals. The first behavioural journal, Behavioural Research and Therapy, was begun in 1963 and was edited by Eysenck. The second, Journal of Applied Behaviour Analysis which emphasized the application of operant procedures was begun in 1963. Other journals have also been published by other professional bodies in the area of behaviour modification around the world in North and

South America, continental Europe and even in Africa. In Nigeria, the use of modern behaviour modification techniques have been documented and some journals are springing up in the psychology and counseling departments of some Nigerian Universities.

Activity 6.1

Take a moment to reflect on what you have read so far. Based on your learning experience, briefly explain the history of behaviour modification

Activity 6.1 Feedback:

Behaviour modification is as old as the human race itself. But the person who is usually given credit for introducing modern Behaviour Modification is John B. Watson (1898-1958), who advocated the use of "methodological behaviourism". The present trend of Behaviour modification practice dates from the 1950s with a lot of influence from the work of B.F. Skinner and his emphasis on operant conditioning principles. Arnold Lazarus, Joseph Wolpe and H.J. Eysenck all contributed to the development of modern behaviour modification

Box 6.1 History of behaviour modification

Behaviour modification is as old as the human race itself. But the person who is usually given credit for introducing modern Behaviour Modification is John B. Watson (1898-1958), who advocated the use of "methodological behaviourism". The present trend of Behaviour modification practice dates from the 1950s with a lot of influence from the work of B.F. Skinner and his emphasis on operant conditioning principles. Arnold Lazarus, Joseph Wolpe and H.J. Eysenck all contributed to the development of modern behaviour modification

Summary of Study Session 6

Summary

In Study session 6, you have learned that:

1. Behaviour modification is as old as the human race itself. But the person who is usually given credit for introducing modern Behaviour Modification is John B. Watson (1898-1958), who advocated the use of "methodological behaviourism".
2. The present trend of Behaviour modification practice dates from the 1950s with a lot of influence from the work of B.F. Skinner and his emphasis on operant conditioning principles. Arnold Lazarus, Joseph Wolpe and H.J. Eysenck all contributed to the development of modern behaviour modification

Self-Assessment Questions (SAQ) for Study Session 6

Assessment

Now that you have completed this study session, you can assess how well you have achieved its Learning Outcomes by answering these questions. You can check your answers with the Notes on the Self-Assessment Questions at the end of this Module.

SAQ 6.1 (tests learning outcome 6.1)

Briefly explain the history of behaviour modification

Notes on the Self-Assessment Questions (SAQs) for Study Session 6

SAQ 6.1:

Behaviour modification is as old as the human race itself. But the person who is usually given credit for introducing modern Behaviour Modification is John B. Watson (1898-1958), who advocated the use of "methodological behaviourism".
The present trend of Behaviour modification practice dates from the 1950s with a lot of influence from the work of B.F. Skinner and his emphasis on operant conditioning principles. Arnold Lazarus, Joseph Wolpe and H.J. Eysenck all contributed to the development of modern behaviour modification

Study Session 7

Foundations of Behaviour Modification

Introduction

For the next couple of study sessions, we shall be discussing the learning foundations of behaviour therapy. Here we shall try to outline the learning principles on which behaviour therapy or behaviour modification is based. This is important because the present trend of behaviour modification emphasize that human behaviour whether desirable or undesirable is learnt. Therefore, the principles of learning will help us to understand the methods and techniques which behaviour modification practitioners apply in changing human behaviour.

Learning Outcomes for Study Session 7

When you have studied this session, you should be able to:

7.1 Discuss the 3 learning models of behaviour modification (SAQ 7.1)

7.1 Learning Models on Behaviour Modification

Behaviour modification we earlier hinted is often described as the application of learning principles. While behaviour therapists have used some findings from learning psychology in the management of behaviours, the consensus of opinion of therapists about clinical behaviour therapy is much broader. Many therapists however agree that desirable and deviant behaviours may be learned.

Another reason why one should consider some learning principles is that many programmes of clinical behaviour therapy may require the client to change his own behaviours. Learning is thus generally described as a relatively permanent change in behaviour due to practice and experience, and since human behaviours are products of what have been learnt, the implications of the above analogy for behaviour modification cannot be over emphasised.
It is therefore important that we discuss the basic learning principles which can be used in clinical behaviour therapy whenever the need arises. While there are many views of learning, all views are summarized under three broad categories of learning models below:
The classical conditioning model.
The operant conditioning model.
The social learning model.

Before we start our discussion on the three broad learning models outlined above, let us briefly survey the laws which have been found to govern human behaviour.

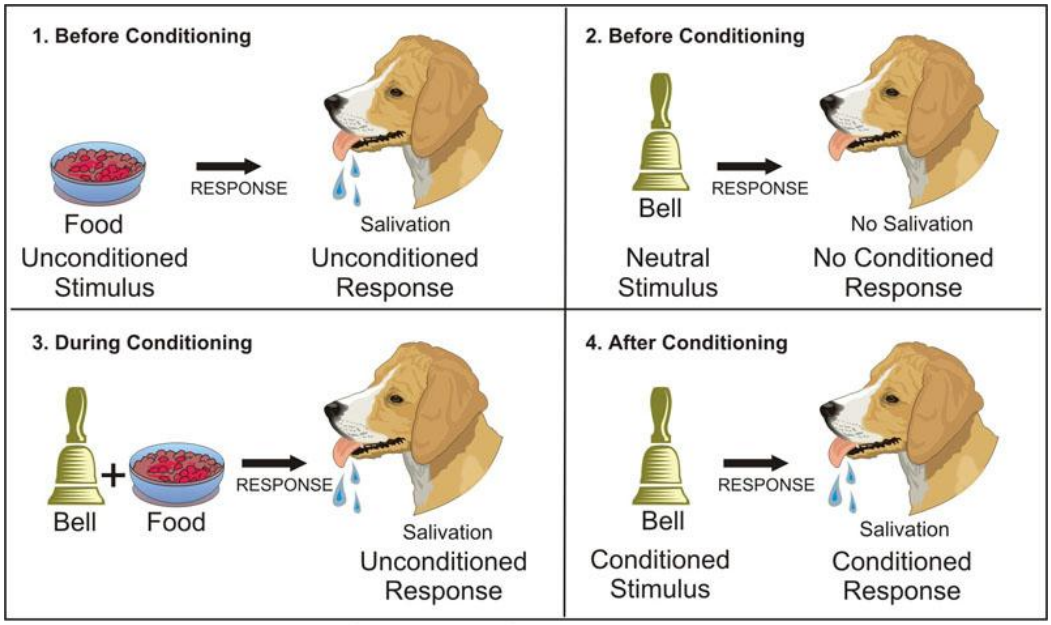


Figure 7.1 *Classical conditioning Photo by emaze*

Psychology may be described as the way an organism's behaviour is related to the environment. One of the simplest of these environment — behaviour relationship — is the reflex. Decartes and Whytt represent behaviour in terms of the organisms movement or response to the stimulus. If we designate or tag the stimulus “S" and response "R", we may then conceptualize a lawful relationship thus R' S. This equation states that a certain response "R" (called the respondent) is a function of, (that is, dependent) upon a stimulus event "S" (called the elicitor).
There are some laws guiding the operation of this equation. Moreover the order to lawfulness of the S-R behaviour patterns involve the behaviour of organisms, and are therefore called behaviour laws.

The primary reflex laws are written in such a way that these differences are at times hidden. Elicitors may be specified on an intensity diversion. Thus electric shock may be weak, moderate or strong in intensity. Light elicitors from pupilary responses may vary from faint intensities to intensities so high that the perception of light becomes painful. As the intensity is gradually raised, a region is reached about which values of intensity may or may not elicit a movement. This region is referred to as the penumbral threshold region.

Figure 7.2 *Operant conditioning| photo by youtube.com*

The above information may be put in form of laws as follows:

(1) Law of Threshold. This law states that there is a range of intensities below which no response will occur and above which a response will always occur. Within this range, responses will occur with some uncertainty. An arbitrary point within this uncertainty region is called the threshold while intensities above that point are called eliciting stimuli.

(2) Law of Intensity Magnitude. This law states that as the eliciting stimulus .intensity is increased, the magnitude of the elicited response also increases.

(3) Law of Latency. This law states that as the eliciting stimulus intensity increases, the time between the onset of the response decreases.

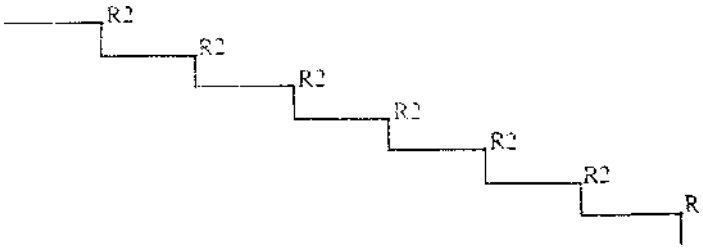
Discuss classical conditioning and how it relates to behaviour

- The classical example of Pavlov paired an unconditioned stimulus — meat — with a conditioned stimulus — bell — to bring about the response _ salivation
  US __ UR (Salivation)
  CS ____ CR (A form of salivation)

Thus the laws of reflex are important in defining the reflex concept. A reflex may then be said to be a change in part of environment and a behavioural property so that the laws we have described above may hold.

Schematically, a reflex may be represented by the equation S2—R2. Where S2 represents an elicitor and R2 represents the behavioural change produced. In this formula, nothing is said about how R2 depends on S2. The equation may be described as very generalized and therefore representing a general reflex action.
We have been discussing the primary laws of reflex and the way behaviours can be explained by them. We shall now proceed to the secondary Laws of reflex.

Certain other laws provide information about the reflex action. One is the law of reflex fatigue. This law states that when a response is repeatedly elicited many times per second by a constant stimulus (intensity), the response magnitude gradually declines.



The other is the law of temporal summations or subliminals. We may recall from the law of threshold that very weak representation of stimuli or energy does not elicit responses. This low energy values or elicitors are said to *be* below the treshhold and are called subliminals. Nevertheless, if two or more subliminals are repeated in very quick successions, response behaviour may be produced.

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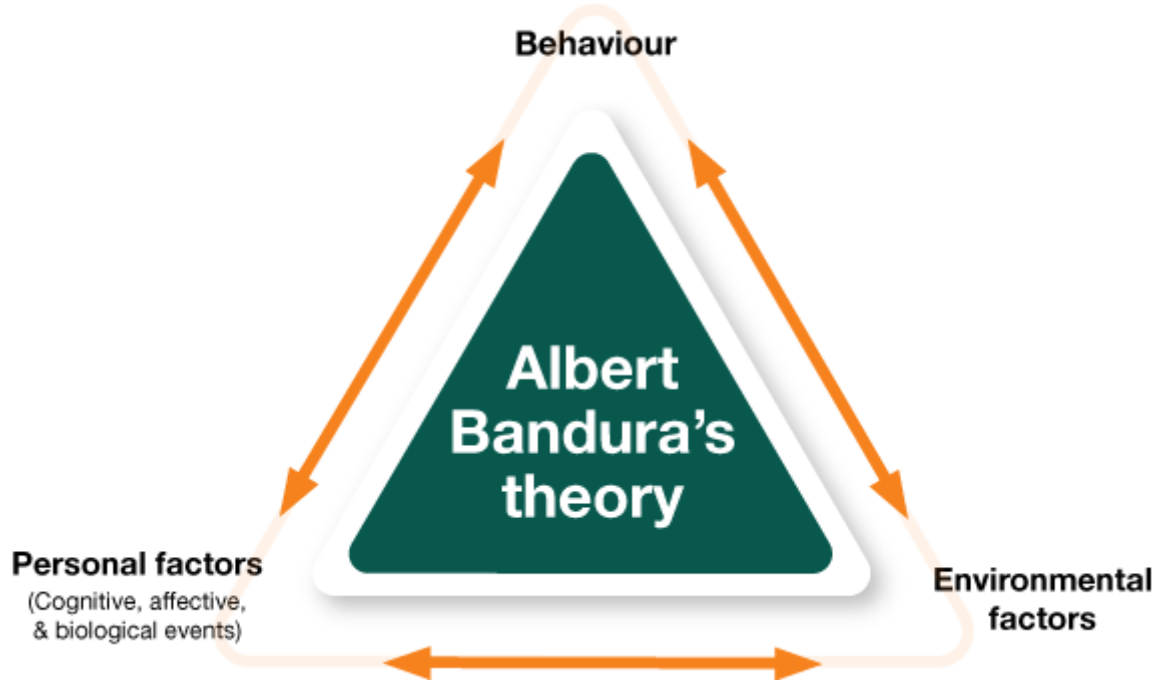


Figure 7.1 *Social Learning theory | photo by blog.originallearning*

Activity 7.1

Take a moment to reflect on what you have read so far. Based on your learning experience, explain behaviour modification

Activity 7.1 Feedback:

Behaviour modification we earlier hinted is often described as the application of learning principles. While behaviour therapists have used some findings from learning psychology in the management of behaviours, the consensus of opinion of therapists about clinical

behaviour therapy is much broader. Many therapists however agree that desirable and deviant behaviours may be learned.

Box 7.1 Behaviour Modification

Behaviour modification we earlier hinted is often described as the application of learning principles. While behaviour therapists have used some findings from learning psychology in the management of behaviours, the consensus of opinion of therapists about clinical behaviour therapy is much broader. Many therapists however agree that desirable and deviant behaviours may be learned.

Summary of Study Session 7

Summary

In Study session 7, you have learned that:

1. The practice of behaviour modification hinges considerably on the management of behaviour by employing learning principles.
2. The three most distinct of these are: (a) The classical conditioning model; (b) The operant conditioning model; and (c) The social learning model. The reason why a lot of emphasis is laid on the application of these principles to behavioural management is that firstly, therapists assume that both desirable and deviant behaviours are learnt and also many programmes of clinical behaviour therapy require the client to change his own behaviours.

Self-Assessment Questions (SAQ) for Study Session 7

Assessment

Now that you have completed this study session, you can assess how well you have achieved its Learning Outcomes by answering these questions. You can check your answers with the Notes on the Self-Assessment Questions at the end of this Module.

SAQ 7.1 (tests learning outcome 7.1)

Discuss the 3 learning models of behaviour modification

Notes on the Self-Assessment Questions (SAQs) for Study Session 7

SAQ 7.1: (a) The classical conditioning model; (b) The operant conditioning model; and (c) The social learning model. The reason why a lot of emphasis is laid on the application of these principles to behavioural management is that firstly, therapists assume that both desirable and deviant behaviours are learnt and also many programmes of clinical behaviour therapy require the client to change his own behaviours.

Study Session 8

The Classical Conditioning Model or the Pavlovian Paradigm

Introduction

When you have completed this study session, you should be able to give some common examples of reflexes. In this session, we shall also concern ourselves with the first of the three learning models we cited earlier - the classical conditioning model otherwise called the Pavlonian paradigm.

Learning Outcomes for Study Session 8

When you have studied this session, you should be able to:

8.1 Explain the pavlovian model (SAQ 8.1)

8.1 Common Examples of Reflexes

Name of Reflex	Elicitor	Leads to Response
Secretion of tears	Onion juice	Bringing about tears
Sneezing	Tobacco snuff or dust particles	Sneeze
Patella or knee Jerk	Tap on the Knee	Knee jerk

Common Examples of Reflexes

Name of Reflex	Elicitor	Leads to	Response
Startle reflex	Loud sudden noise	-	Increased heart beat
Shivering reflect	Cold	-	Shivering
Pupilary reflex	Light in the eye	-	Pupil contraction
Coughing reflex	Choking by food going into the trachea	-	Coughing
Salivary response	Laid out food on the	-	Salivation

	table/Aroma of food.		

The psychological term "conditioning" is best conceived as a process by which a new stimulus gains the ability to elicit certain responses. Classical conditioning, however is the name given to the school of thought or the learning model which was propounded and developed by the Russian researcher Ivan Pavlov. The main concern of Pavlov was to ascertain the way certain stimuli controlled some reflex responses in sub-human organisms. His favourite experimental animal was the dog. This type of learning is probably labeled classical because of the way the classical experiments of Pavlov established the pattern of conditioned reflexes.

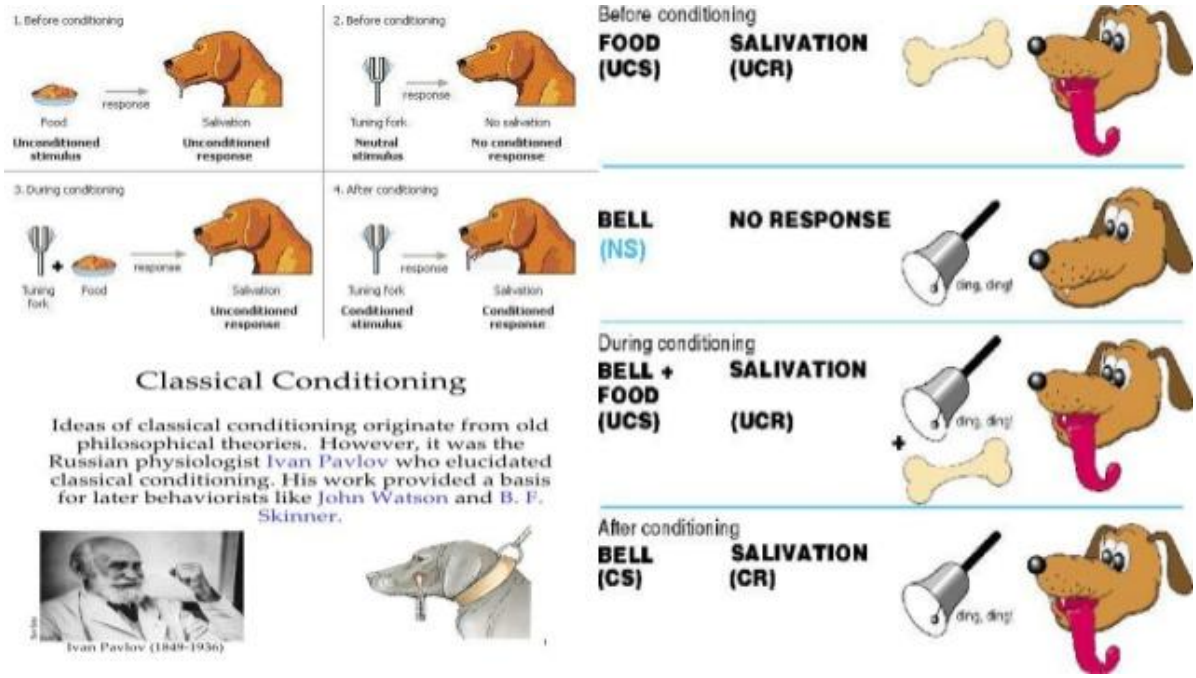


Figure 8.1 *Classical conditioning | Photo by slideshare.net*

Paviov showed how an unconditioned stimulus could be paired with a conditioned stimulus to elicit a response. The classical example of Pavlov paired an unconditioned stimulus — meat — with a conditioned stimulus — bell — to bring about the response _ salivation
US __ UR (Salivation)
CS ____ CR (A form of salivation)

The process above is usually described as classical conditioning. The response (R) in the model is often described as operating under the critical centre of a stimulus. The classical conditioning model is also described as a responded type of learning. This is because the behaviour is controlled by known environment stimuli. A respondent behaviour is therefore an elicited response pattern.

According to the Pavlovian principle, after a number of pairings (Si – R_i S_2 - R,, S. - R_3 et cetera), S, comes to evoke a new response called the conditioned reflex arid the equation runs thus:
SI _____CR1
S2 _____CR2

The diagramatic representation above is known as the Pavlovian paradigm or the Pavlovian model. It represents schematically the procedure and the results of classical conditioning experiments. From this well developed model, we can therefore proceed to extract a functional behavioural model for behaviour modification practice. This newer model will consist of:

a. A given.
b. A procedure.
C. A process, and
d. A result.

The given is the elicitor which is S1 and S2. The procedure represents repeated pairing S1 and C1 in that order. They follow in the same order and sequence (SI and RI, S2 and R2; S3 and R3, et cetera). In the process, SI comes gradually to control a new response (conditioned response) which may resemble R2 but not R2. In terms of the result, S1 reliably evokes CR. In other words, we can say that therapy or the behaviour modification process is terminated after successfully following the set pattern above.

Activity 1.1

Take a moment to reflect on what you have read so far. Based on your learning experience,

Name of Reflex	**Elicitor**	**Leads to**	**Response**
Secretion of tears	Onion juice		
Sneezing	Tobacco snuff or dust particles		
Patella or knee Jerk	Tap on the Knee		

Activity 1.1 Feedback:

Name of Reflex	**Elicitor**	**Leads to**	**Response**
Secretion of tears	Onion juice		Bringing about tears
Sneezing	Tobacco snuff or dust particles		Sneeze

Patella or knee Jerk	Tap on the Knee	Knee jerk

Box 8.1 Conditioning

The psychological term "conditioning" is best conceived as a process by which a new stimulus gains the ability to elicit certain responses. Classical conditioning, however is the name given to the school of thought or the learning model which was propounded and developed by the Russian researcher Ivan Pavlov. The main concern of Pavlov was to ascertain the way certain stimuli controlled some reflex responses in sub-human organisms. His favourite experimental animal was the dog. This type of learning is probably labeled classical because of the way the classical experiments of Pavlov established the pattern of conditioned reflexes.

Summary of Study Session 8

Summary

In Study session 8, you have learned that:

1. Conditioning is the process by which a new stimulus gains the ability to elicit certain responses. Classical conditioning is the name given to Ivan Pavlov's school of thought.
2. The main concern of Pavlov was to ascertain the way stimuli controlled some reflex responses in sub-human. organisms. A functional model for the modification of behaviour emerged from this school of thought. This consists of a given, a procedure, a process and a result.'
3. The therapist who subscribes to this model therefore employs the above scheme in the management of behaviour.

Self-Assessment Questions (SAQ) for Study Session 8

Assessment

Now that you have completed this study session, you can assess how well you have achieved its Learning Outcomes by answering these questions. You can check your answers with the Notes on the Self-Assessment Questions at the end of this Module.

SAQ 8.1 (tests learning outcome 8.1)

Explain Pavlov classical conditioning (SAQ 8.2)

Notes on the Self-Assessment Questions (SAQs) for Study Session 8

SAQ 8.1: Conditioning is the process by which a new stimulus gains the ability to elicit certain responses. Classical conditioning is the name given to Ivan Pavlov's school

of thought. The main concern of Pavlov was to ascertain the way stimuli controlled some reflex responses in sub-human. organisms. A functional model for the modification of behaviour emerged from this school of thought. This consists of a given, a procedure, a process and a result.'

Study Session 9

Operant Conditioning Objectives

Introduction

In this session, you will learn about the basis of the operant conditioning principles and the various tenets of the operant conditioning principles like: contingency, reinforcement, punishment, extinction, et cetera. After this study session, you should be able to distinguish each of these terms from the other and briefly describe how these may be applied in behaviour modification practice.

Learning Outcomes for Study Session 9

When you have studied this session, you should be able to:

9.1 Explain the principles of operant conditioning and give one example each (SAQ 9.1)

9.1 Principles of Operant Conditioning

In an earlier lecture, we pointed out that behaviour modification as a discipline rests upon a body of established findings from the field of psychology, many of which derive from the psychology of learning The principles of operant conditioning whose chief proponent was B.F. Skinner describes the relationship between human behaviour and various environmental' events, (otherwise called-antecedents and consequences) that influence behaviour. B/F. Skinner observed that all responses are not necessarily elicited by stimuli. He then proposed the principle of operant responses after observing the behaviours of a number of organisms in controlled settings. Operants he believes are responses that are governed by their consequences. Thus Skinner then came up with the principle of learning that views behaviours as being naturally emitted without eliciting stimuli. Although research shows that both antecedent and consequences can alter behaviour, most applications of operant conditioning principles emphasize the consequences that follow behaviour. Behaviour change occurs when certain consequences are contingent upon performance. A consequence is contingent when it is delivered only after the target behaviour is performed.

In everyday life we can observe that many consequences are contingent upon behaviour. For example, salaries are contingent upon working, marks are contingent upon studying for examinations, A contingency therefore essentially refers to the relationship between a behaviour and events that follow that behaviour. It is important for us to note here that the notion of contingency is important because behaviour modification techniques often alter behaviour by altering the contingencies that control or fail to control the particular behaviour.

The basic principles of operant conditioning include: reinforcement, punishment, extinction, stimulus control.

9.1.1 Reinforcement

The principle of reinforcement refers to an increase in the frequency of a response that is immediately followed by certain consequences. Therefore, any consequence that results in an increase in the frequency of a behaviour, is a reinforcer.

B.F. Skinner identified two types of reinforcers, viz: positive and negative reinforcers which essentially constitute the two kinds of event that can increase the frequency of a response. Positive_reinforcers are events presented after a response that increase its frequency. Negative reinforcers refer to events that are removed after a response which increase the frequency of the response that preceded their removal.

However, events that serve as positive or negative reinforcers are defined solely by the effects they exert on behaviour. So we can see that there are two variations of the reinforcement principle. Positive reinforcement is an increase in the frequency of a response that is followed by a positive reinforcer. Negative reinforcement refers to an increase in the frequency of a response that is followed by removal of an aversive event.

Examples:
A common laboratory example of positive reinforcement is the delivery of food to an animal contingent upon pressing a bar in the cage.
An example of negative reinforcement is the termination of shock to the animal in an experimental cage, contingent upon pressing a bar.
In these two examples bar-pressing increases as a function either of food delivery or cessation of shock.

9.1.2 Punishment

Punishment refers to the presentation of an aversive and undesirable stimulus or event, or the removal of a positive event after a response that decreases the probability of that response. This definition is different from the everyday use of the term, in which punishment refers merely to a penalty imposed for performing a particular act. As with reinforcement, the principle specifies not only a produce but also the effect of that procedure on behaviour. The two variations of punishment correspond to the variations of reinforcement. The variants are the presentation of an aversive event or the removal of a positive event, either of which will decrease the behaviour that follows.

Examples:
A laboratory example of the first variation of punishment is the presentation of shock when an animal presses the bar which will bring about a suppression of the bar-pressing behaviour. The second variation is illustrated by withdrawal of the food magazine after a response.

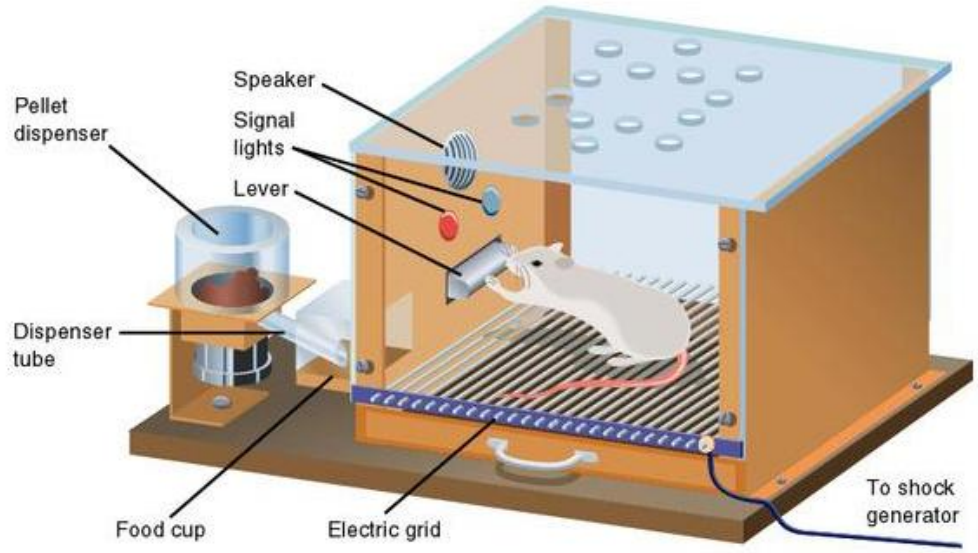


Figure 9.1 *Operant conditioning | Photo by simplypsychology.org*

9.1.3 Extinction

Extinction means discontinuing delivery of a reinforcer after a response. Extinction differs from punishment although both operations result in reducing frequency of the response. With punishment either an aversive event follows a response or a positive event is taken away. While with extinction no consequence follows a response, an event is neither delivered nor taken away. Instead an event that was administered previously for the response is no longer provided.

Example:

A laboratory example of extinction is the termination of the delivery of food for bar-pressing. Once food no longer follows bar-pressing, extinction eventually leads to its reduction and total elimination.

Activity 9.1

Take a moment to reflect on what you have read so far. Based on your learning experience, what are the principles of operant conditioning?

Activity 9.1 Feedback:

The basic principles of operant conditioning include: reinforcement, punishment, extinction, stimulus control.

Box 9.1 Reinforcers

B.F. Skinner identified two types of reinforcers, viz: positive and negative reinforcers which essentially constitute the two kinds of event that can increase the frequency of a response. Positive_reinforcers are events presented after a response that increase its frequency. Negative reinforcers refer to events that are removed after a response which increase the frequency of the response that preceded their removal.

Summary of Study Session 9

Summary

In Study session 9, you have learned that:

1. The principles of operant conditioning whose chief proponent was B.F. Skinner describes the relationship between human behaviour and various environmental events that influence behaviour.
2. A behaviour change occurs when certain consequences are contingent upon performance. A consequence is contingent when it is delivered only after that target behaviour is performed. The basic principles of operant conditioning include reinforcement, punishment, extinction, and stimulus control.

Self-Assessment Questions (SAQ) for Study Session 9

Assessment

Now that you have completed this study session, you can assess how well you have achieved its Learning Outcomes by answering these questions. You can check your answers with the Notes on the Self-Assessment Questions at the end of this Module.

SAQ 9.1 (tests learning outcome 9.1)

Explain the principles of operant conditioning and give one example each

Notes on the Self-Assessment Questions (SAQs) for Study Session 9

SAQ 9.1:

The **principle of reinforcement** refers to an increase in the frequency of a response, that is immediately followed by certain consequences. Therefore, any consequence that results in an increase in the frequency of a behaviour, is a reinforcer.

Example: A common laboratory example of positive reinforcement is the delivery of food to an animal contingent upon pressing a bar in the cage An example of negative reinforcement is the termination of shock to the animal in an experimental cage, contingent upon pressing a bar

Punishment refers to the presentation of an aversive and undesirable stimulus or event, or the removal of a positive event after a response that decreases the probability of that response. This definition is different from the everyday use of the term, in which punishment refers merely to a penalty imposed for performing a particular act

Example: A laboratory example of the first variation of punishment is the presentation of shock when an animal presses the bar which will bring about a suppression of the bar-

pressing behaviour. The second variation is illustrated by withdrawal of the food magazine after a response

Extinction means discontinuing delivery of a reinforcer after a response. Extinction differs from punishment although both operations result in reducing frequency of the response

Example: A laboratory example of extinction is the termination of the delivery of food for bar-pressing. Once food no longer follows bar-pressing, extinction eventually leads to its reduction and total elimination.

Study Session 10

Behaviour Modification Techniques Based on The Operant Conditioning Model

Introduction

When you have completed this session, you should be able to define the operant techniques of shaping, chaining, prompts and fading. You should also be able to make a clear distinction between shaping and chaining. From the illustrative examples provided, you should also be able to relate the concerns to practical behaviour modification situation in educational settings.

Learning Outcomes for Study Session 10

When you have studied this session, you should be able to:
10.1 Explain operant techniques of shaping, chaining, prompting and fading, giving examples each (SAQ 10.1)

10.1 Shaping

Shaping refers to the process of reinforcing small steps or approximation toward a terminal response rather than reinforcing the terminal response itself. Therefore, responses which resemble the final response which include components of that response are reinforced. Through reinforcement of successive approximations of the terminal response, the final response is gradually achieved.

Shaping as a behaviour modification technique is based on the premise that new behaviour cannot always be developed by reinforcing a response. Most times the desired response may never occur or the behaviour may be so complex that its component elements are not in the repertoirs or storage of experience of the individual. Shaping is, therefore systematically used to build up the desired behaviour by consistently reinforcing small positive steps in the direction of the desired behaviour.

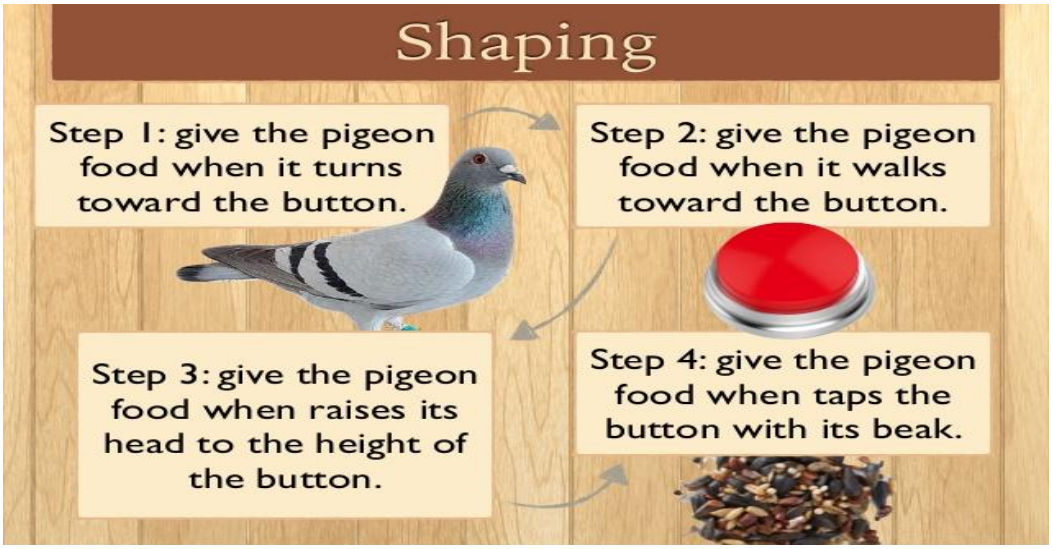


Figure 10.1 *Shaping | Photo by slideshare.net*

10.2 Chaining

Behaviour of organisms may be divided into a sequence of responses referred to as a chain. The components of a chain represent individual responses which may already be in the behavioural repertoir of the individual. The distinct and unique feature of a chain is that individual responses are ordered in a particular sequence.

Example

The behaviour of going to a party illustrates the ordering of component responses in a chain. Attending a parry may be initiated by a telephone call from a friend or a written invitation card. Once that behaviour is initiated, several responses follow in a sequence including taking a bath, getting dressed, leaving the house, entering a car, leaving the compound, travelling to the venue of the party, entering the venue, exchanging pleasantries with familiar faces at the venue, eating, drinking and socializing. The response sequence unfolds in a relatively fixed order until a chain is completed and the last response is reinforced. In this example - drinking, eating and socializing - may serve as reinforcers.

The difference between *shaping* and *chaining* sometimes appear unclear. In general behaviour modification practice, shaping is used to develop a new desirable behaviour. Cues such as instructions and gestures may be used as discriminative stimuli combined with direct reinforcement such as praise for responses that approach the terminal goal. In contrast chaining is usually employed to develop a sequence of behaviours using responses that are generally present in the individual's repertoire.

The clearest difference between the two operant procedures of shaping and chaining is that chaining proceeds in a backward direction, beginning with the last proceeds in a backward direction, beginning with the last response and linking together prior behaviours, whereas shaping works in a forward direction. Furthermore, shaping focuses upon developing a particular terminal response. The behaviours performed during training for the terminal response may not be evident when shaping is completed whereas in chaining behaviours developed early in training are still evident when training is completed.

10.3 Prompting

Prompting is another important operant behaviour change method. Prompting is a process of behaviour change where antecedent events or signals such as cues, instructions, hints, gestures, directions, examples, requests, and events prompting can systematically operate to build new behaviour patterns. Prompts are essentially the events that help initiate a response. They precede response. When the prompt results in the response, that response can be reinforced. In other words, some things serve as prompts for a behaviour.

Examples:
The traffic light serves as a prompt for stopping
A question is a prompt for an answer.
A printed page is prompt for reading.

Developing behaviour can be facilitated in different ways using various kinds of prompts such as physically guiding behaviour, instructing a child to do something, gesturing to a child, et cetera.

It has been observed also that prompts play a major role in shaping and chaining as behaviour modification techniques. Developing a terminal response using reinforcement alone may be tedious and time consuming. If the person is prompted to begin the response, more rapid approximations to the final response can be made.

10.4 Fading

Research has shown that although prompts may be required early in training, they can be withdrawn gradually or fade as training progresses. If a prompt is abruptly removed early in training the response may no longer occur. But if the response is performed consistently with a prompt, the prompt can be progressively reduced and finally omitted. The gradual removal of a prompt is referred to as Fading. Fading is, therefore, an operant behaviour change strategy which capitalizes on the gradual removal of events that initiate a response so that the client responds only to certain aspects of the cue in the environment. We may also refer to fading as the gradual removal of cues that are artificially established daring the process of acquisition.

Example:
At the elementary school stage, when teaching children writing, picture and word are usually paired together. It is only when the child learns to read the words that the picture is faded.

Activity 10.1

Take a moment to reflect on what you have read so far. Based on your learning experience, how do you explain operant techniques of shaping, chaining, prompts and fading?

Activity 10.1 Feedback:

Shaping refers to the process of reinforcing small steps or approximation toward a terminal response rather than reinforcing the terminal response itself.

Prompting is a process of behaviour change where antecedent events or signals such as cues, instructions, hints, gestures, directions, examples, requests, and events prompting can systematically operate to build new behaviour patterns

Fading is an operant behaviour change strategy which capitalizes on the gradual removal of events that initiate a response so that the client responds only to certain aspects of the cue in the environment.

Box 10.1 Shaping

Shaping as a behaviour modification technique is based on the premise that new behaviour cannot always be developed by reinforcing a response. Most times the desired response may never occur or the behaviour may be so complex that its component elements are not in the repertoirs or storage of experience of the individual. Shaping is, therefore systematically used to build up the desired behaviour by consistently reinforcing small positive steps in the direction of the desired behaviour.

Summary of Study Session 10

Summary

In Study session 10, you have learned that:

1. Shaping refers to the process of reinforcing small steps or approximations towards a terminal response rather than reinforcing the terminal response itself. It is a behaviour modification technique based on the premise that a .new behaviour cannot always be developed by only reinforcing a response.
2. The behaviour of organisms may also be divided into a sequence of responses that can be referred to as a chain. The distinct feature of a chain is that individual responses are ordered in a particular sequence.
3. Prompting is a process of behaviour change where antecedent events or signals can operate to build a law behaviour. But the gradual removal of a prompt is referred to as Fading.

Self-Assessment Questions (SAQ) for Study Session 10

Assessment

Now that you have completed this study session, you can assess how well you have achieved its Learning Outcomes by answering these questions. You can check your answers with the Notes on the Self-Assessment Questions at the end of this Module.

SAQ 10.1 (tests learning outcome 10.1)

Explain the techniques of operant conditioning with examples

Notes on the Self-Assessment Questions (SAQs) for Study Session 10

SAQ 10.1:

Shaping refers to the process of reinforcing small steps or approximation toward a terminal response rather than reinforcing the terminal response itself. Shaping as a behaviour modification technique is based on the premise that new behaviour cannot always be developed by reinforcing a response

Behaviour of organisms may be divided into a sequence of responses referred to as a **chain**

Examples: The behaviour of going to a party illustrates the ordering of component responses in a chain. Attending a party may be initiated by a telephone call from a friend or a written invitation card. Once that behaviour is initiated, several responses follow in a sequence including taking a bath, getting dressed, leaving the house, entering a car, leaving the compound, travelling to the venue of the party, entering the venue, exchanging pleasantries with familiar faces at the venue, eating, drinking and socializing. The response sequence unfolds in a relatively fixed order until a chain is completed and the last response is reinforced. In this example - drinking, eating and socializing - may serve as reinforcers.

Prompting is another important operant behaviour change method. Prompting is a process of behaviour change where antecedent events or signals such as cues, instructions, hints, gestures, directions, examples, requests, and events prompting can systematically operate to build new behaviour patterns. **Examples:** The traffic light serves as a prompt for stopping. A question is a prompt for an answer. *A* printed page is prompt for reading.

Fading is an operant behaviour change strategy which capitalizes on the gradual removal of events that initiate a response so that the client responds only to certain aspects of the cue in the environment. **Example:** At the elementary school stage, when teaching children writing, picture and word are usually paired together. It is only when the child learns to read the words that the picture is faded.

Study Session 11

The Social Learning Model

Introduction

By the time you complete this study session, you are expected to able to define what is meant by the social learning model. You should be able to explain the way the social learning theorists conceive of the operation of human learning: in two phases. You should also be able to say the factors that enhance acquisition according to the social learning model as well as the factors that enhance performance.

Learning Outcomes for Study Session 11

When you have studied this session, you should be able to:

11.1 Explain the two phases of social learning model (SAQ 11.1)

11.1 Social Learning Model

The distinct feature of the social learning model is that it seems to combine both respondents and operants in its operation. This theoretical framework whose chief proponent was Bandura has been variously called observational or vicarious learning as well as imitative and modelling forms of learning. The social learning model assumes that all human behaviours cannot be explained by the stimulus response operation alone. It argues that cognitive and social mediations play important roles in the manifestation of human behaviours.

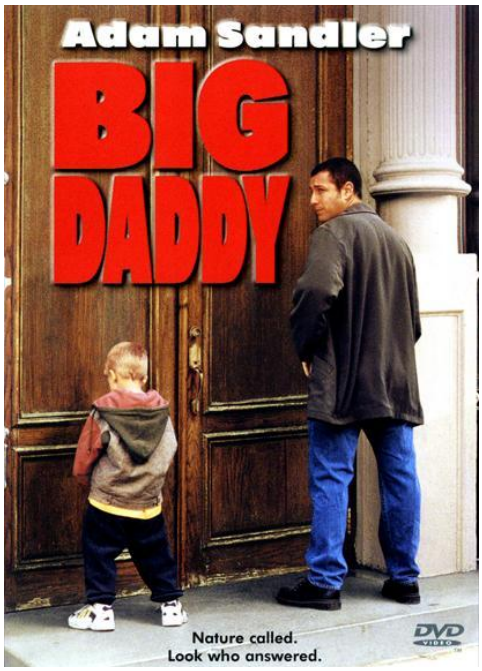


Figure 11.1 *Child learning from his father | photo by wordpress.com*

The principal figure in the establishment of the social learning model, Albert Bandura asserted that consequences, reinforcements, and cues are not automatically reinforcing except the human organism is also able to perceive the consequence, reinforcement, or cue as useful within a social setting. Thus cognitive and social dimensions should be considered when attempts are rr.ade to assess, predict and manage the behaviour of human beings. Bandura (1970; explained that a response is imitated by an observer through a cognitive coding of the observed event. Social learning model explains the operation of human learning in two phases viz:

1. The phase of acquisition when the observer is exposed to the model and the observer attempts to acquire the model's behaviours. This is the acquisition stage of the model.
2. The second phase is the performance stage. Researchers in this field have observed some of the conditions that tend to enhance acquisition. These include: certain characteristics of the model such as similarity in sex, age, race and attitudes. (Other characteristics of the model that may enhance acquisition include the models that have prestige, competence and reinforcing value); certain characteristics of the observer such as his degree of certainty, intellectual capacity, degree of anxiety, and other personality attributes; certain characteristics of the modelling presentation such as the type of model, whether live or symbolized number of modeling sessions, whether modelling procedure is graduated or presented en bloc, and whether instructions are clearly given and opportunities for rehearsals, are made available.

Factors that can enhance performance have also been observed to include: skilful application of vicarious reinforcement. Vicarious extinction of fear of responding, rehearsal and participation opportunities, opportunity for repeated practices, and similarity of training setting to natural everyday life settings.

Activity 11.1

Take a moment to reflect on what you have read so far. Based on your learning experience, explain the stages of social learning theory

Activity 11.1 Feedback:

Social learning model explains the operation of human learning in two phases viz:

(1) The phase of acquisition when the observer is exposed to the model and the observer attempts to acquire the model's behaviours. This is the acquisition stage of the model.

(2) The second phase is the performance stage.

Box 11.1 Social Learning Model

The distinct feature of the social learning model is that it seems to combine both respondents and operants in its operation. This theoretical framework whose chief proponent was Bandura has been variously called observational or vicarious learning as well as imitative and modelling forms of learning. The social learning model assumes that all human behaviours cannot be explained by the stimulus response operation alone. It argues that cognitive and social mediations play important roles in the manifestation of human behaviours.

Summary of Study Session 11

Summary

In Study session 11, you have learned that:

1. The social learning model assumes that ail human behaviours cannot be explained by stimulus response operation alone.
2. It argues that cognitive and social mediations play important roles in the manifestation of human behaviour. The social learning model explains the operation of human learning in phases viz: the phase of acquisition when the observer is exposed to the model and secondly the performance phase.

Self-Assessment Questions (SAQ) for Study Session 11

Assessment

Now that you have completed this study session, you can assess how well you have achieved its Learning Outcomes by answering these questions. You can check your answers with the Notes on the Self-Assessment Questions at the end of this Module.

SAQ 11.1 (tests learning outcome 11.1)

Explain the two phases of social learning model.

Notes on the Self-Assessment Questions (SAQs) for Study Session 10

SAQ 11.1: 1) The phase of acquisition when the observer is exposed to the model and the observer attempts to acquire the model's behaviours. This is the acquisition stage of the model. 2) The second phase is the performance stage. Researchers in this field have observed some of the conditions that tend to enhance acquisition. These include: certain characteristics of the model such as similarity in sex, age, race and attitudes. (Other characteristics of the model that may enhance acquisition include the models that have prestige, competence and reinforcing value); certain characteristics of the observer such as his degree of certainty, intellectual capacity, degree of anxiety, and other personality attributes; certain characteristics of the modelling presentation such as the type of model, whether live or symbolized number of modeling sessions, whether modelling procedure is graduated or presented en bloc, and whether instructions are clearly given and opportunities for rehearsals, are made available.

Study Session 12

The Scientific Approach to Behaviour Modification

Introduction

By the time we are through with this study session, you should be able to define what science is. You should also be able to describe what the scientific approach is. We also should be able to define what is meant by a variable. The distinction between the dependent and the independent variable should also be clear in your mind. You should also be able to explain the concepts of replication, prediction and control.

Learning Outcomes for Study Session 12

When you have studied this session, you should be able to:

12.1 Explain the scientific approach to behaviour modification (SAQ 12.1)

12.1 Feature of Behaviour Modification

The main characteristic feature of behaviour modification as a field of applied psychology is its emphasis on the scientific approach. This scientific emphasis is expressed as rigorous definition of concepts and variables, heavy reliance on data collection and analysis of same for the modification of undesirable behaviours and the acquisition of desirable ones. There is some considerable degree of flexibility within the scientific framework that allows for the expression of individual research biases and philosophical bents. It is the purpose of this lecture unit to acquaint you with some of the major goals of the nebulous entity called the scientific approach.

12.1.1 What then Is the scientific approach?

It is not quite easy to define this concept. This is because there are several sub-varieties of scientific approaches and there are many issues that may differentiate one behaviour modifier concept of science from another. Science, however, is not a simplified stereotyped body of knowledge nor is it a collection of how-to-do- it techniques. Evidence like we pointed out earlier how there is, considerable amount of flexibility within the scientific framework that allows for the expression of individual research biases and philosophical viewpoints.
Simply put science may be described *is* an empirical search for order. It seeks to discover, describe and use lawful relationships among events. These activities rnav range from the activity of a single brain cell, to the actions of a large social group.

Events are often classified into a set of mutually exclusive properties called variables. These entities are called variables because they can vary in terms of quantity, quality, and type.

There are usually two categories of variables — the dependent and the independent variable. The independent variable is the one that the researcher manipulates. However, the outcome or the result of this process of manipulation by the scientist is the dependent variable.'

One may conceptualize their relationship as one of cause and effect, where changes in the independent variable can cause some changes in the dependent variable.

The goals of science therefore are the discovery and description of lawful relationships among variables. Once such relationships have been observed, they may be used in prediction and control. To observe that some value of variable A consistent results in some change in variable B allows one to predict and control variable A. The prediction simply involves an "if-then" restatement of the observed lawful relationships. "Control" means that the predicted change in variable B can he produced or avoided simply by appropriately manipulating variable A.

Figure 12.1 *Scientific goals of prediction and control is the concept of replication | Photo by Livescience.com*

Closely tie with the scientific goals of prediction and control is the concept of replication. Scientific believe that in order to be maximally useful a lawful relationship between two variables must be applicable to future similar occurrences. In other words, the observed relationship must be repeatable or replicable. Replication, therefore, refers *to* his process of trending an observed relationship from one instance to future similar cues.

Example

If we believe that self-monitoring is a strategy for modifying smoking behaviour among female undergraduates of the University of Ibadan, it may have been a strategy that has worked in a certain counseling clinic. But for it to be regarded as scientific, that is, for the approach to be accepted in the domain of science, it must be repeated or replicated by another behaviour modification personnel using the same methods and working in a similar situation. If this method cannot be repeated then it is unscientific. Its success may be ascribed to a faulty -design or chance factors.

In summary, science may be defined as an empirical search for order. It entails the discover, and description of lawful relationship among variables (events). Such discovery and description make possible the prediction and control of future similar occurrences of those events. Control is utilization of observed regularity. Replicability ensures that observed relationship was neither unique nor accidental and that it may be usefully applied to future similar situations.

Activity 1.1

Take a moment to reflect on what you have read so far. Based on your learning experience, what are the goals of science?

Activity 1.1 Feedback:

The goals of science are the discovery and description of lawful relationships among variables. Once such relationships have been observed, they may be used in prediction and control. To observe that some value of variable A consistent results in some change in variable B allows one to predict and control variable A. The prediction simply involves an "if-then" restatement of the observed lawful relationships. "Control" means that the predicted change in variable B can he produced or avoided simply by appropriately manipulating variable A.

Box 12.1 Feature of Behaviour Modification

The main characteristic feature of behaviour modification as a field of applied psychology is its emphasis on the scientific approach. This scientific emphasis is expressed as rigorous definition of concepts and variables, heavy reliance on data collection and analysis of same for the modification of undesirable behaviours and the acquisition of desirable ones. There is some considerable degree of flexibility within the scientific framework that allows for the expression of individual research biases and philosophical bents. It is the purpose of this lecture unit to acquaint you with some of the major goals of the nebulous entity called the scientific approach.

Summary of Study Session 12

Summary

In Study session 12, you have learned that:

1. The main characteristic feature of behaviour modification is its emphasis *on* the scientific approach. Science is an empirical search for order, *ii* seeks to discover, describe and use lawful relationships among events. These events sometimes called variables are classified into two broad categories — the independent and the dependent.
2. The independent is the one the researcher manipulates to see the effects on the dependant Such discovery and description make possible the production md control of future similar occurrences of those events. Control is utilization of observed regularity. Replicability ensures chat the observed relationship was neither unique nor accidental, and that it may be usefully applied to future similar situations.

Self-Assessment Questions (SAQ) for Study Session 12

Assessment

Now that you have completed this study session, you can assess how well you have achieved its Learning Outcomes by answering these questions. You can check your answers with the Notes on the Self-Assessment Questions at the end of this Module.

SAQ 12.1 (tests learning outcome 12.1)

Explain the scientific approach to behaviour modification

Notes on the Self-Assessment Questions (SAQs) for Study Session 10

SAQ 12.1: The main characteristic feature of behaviour modification is its emphasis *on* the scientific approach. Science is an empirical search for order, *ii* seeks to discover, describe and use lawful relationships among events. These events sometimes called variables are classified into two broad categories — the independent and the dependent. The independent is the one the researcher manipulates to see the effects on the dependant. Such discovery and description make possible the production md control of future similar occurrences of those events. Control is utilization of observed regularity. Replicability ensures chat the observed relationship was neither unique nor accidental, and that it may be usefully applied to future similar situations.

Study Session 13

Truth, Certainty and Inference in Science

Introduction

By the time we are through with this study session, you should be able to state some of the basic generalizations about the nature of scientific knowledge gathering. You should also be able to state the criteria upon which we regard any endeavour as scientific in nature.

Learning Outcomes for Study Session 13

When you have studied this session, you should be able to:

13.1 Explain the nature of scientific knowledge gathering (SAQ 13.1)

13.2 Discuss those criteria which any field of endeavour must possess to be rightly described as scientific (SAQ 13.2)

13.1 Truth, Certainty and Inference in Science

A commonly held notion or idea in contemporary modern life especially among laymen is that science is the royal road to truth. Because of its usefulness and relevance to life, modern man sees science as the ultimate means of obtaining certainty and undisputable facts. However, a brief look at the philosophy on which science is based will illustrate the error in these conceptions. To clarify this issue further some basic generalizations about the nature of scientific knowledge may be worth noting.

First, 'truth' is an unattainable ideal. Science does not claim the knowledge of absolute truth. It only allows us to increase relative confidence in the accuracy of our assumptions and theories about the world. In other words, science denies finality and its search for order is a never ending one.
Second, certainty and proof apply only to such abstract logical systems like mathematics, but not to a concrete real life event like human behaviour. Science deals only with probabilities, it does net claim certainty.

Third, science is a self-appraising discipline. The scientist always and continuously re-examines both his facts and his methods of inquiry. All scientific facts are therefore relative and tentative. Nothing about science is unchangeable. For example, it is used to be accepted as a fact that the earth is flat. This seeming bit of truth, however, changed as evidences to the contrary emerged.

Explain the basic generalizations about the nature of scientific knowledge

- ‘Truth’ is an unattainable ideal, certainty and proof apply only to such abstract logical systems, science is a self-appraising discipline

Another basic generalization we can note about the nature of scientific knowledge is that science deals only with communicable events. Strictly unique and indescribable phenomenon are not scientific. This, however, does not mean that they are illegitimate, but that they do not fall into the domain of scientific inquiry. In actual fact, no subject matter is inherently unscientific unless it does not contain empirically testable statements. Science assumes the same degree for determinism or order in nature. For example, if event *B* consistently follows event A, then their relationship is considered an ordered and determined one. If excellence or improved grades in examinations follows study skill training programme that means their relationship is an ordered and determined one.

Figure 13.1 *Criteria in science | Photo by slideplayer*

13.2 Criteria in Science

We shall now proceed to discuss those criteria or basic characteristics which any field of endeavour must possess to be rightly described as scientific.

13.2.1 Testability

The scientist's readiness to consider and accept the validity of a statement depends on the availability of relevant evidence. This takes us to an important characteristic of scientific inquiry which is its reliance on empirical tests in the evaluation of statements. In other

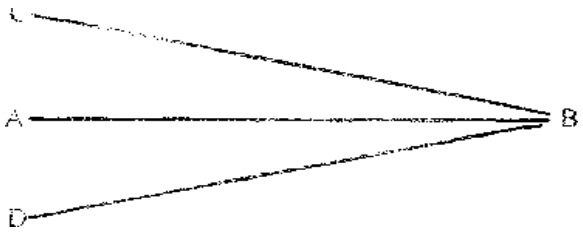
words, a prediction or hypothesis is judged by the data encountered in the process of proving it right or wrong. Thus any statement or hypothesis that is not made testable by its very nature does not fall into the domain of science. So also an idea, a view or a line of thought that does not make itself amenable to testing, has no business in the domain of science. Testability therefore is an important criteria in science.

13.2.2 Objectivity

Objectivity is the next important criterion science stresses. Objectivity refers to a disinterested search for truth. In this disinterested search, personal biases and prejudices are kept apart. Preconceptions are not also allowed to influence the research process. Objectivity plays a very significant role in ail sciences, and its utilization is perhaps more essential is behavioural science than in any other field. The reason for this is that behavioural science pays particular attention to subject through observations and description. The behaviour modification person should try to shut off subjectivity us much as possible and endeavour to make his experiments, research, and findings more objective, so as to be credible.

13.2.3 Repeatability

Repeatability is another criterion required in scientific fieldwork. A behavioural research finding is reliable only if it can be repeated by another investigator working and making use of the same method anywhere and arriving at the same results and conclusions.
Science also requires the USE OF CONTROLS. The most important aspect of the scientific method is that we can establish cause and effect relationship. That is, if we have a set up like,



we establish that A is the only cause of B, and that the other events C and D, have no role to play in the establishment of B. In order to establish a cause and effect relationship therefore we have to eliminate the possible roles of other unbudgeted factors in the situation. To be able to establish this cause and effect relationship we need the use of controls. The possibility of consistently establishing cause and effect relationship is what makes science unique.

The most common method of establishing cause and effect relationship is by using two groups. One is called the experimental group — the one that has something new done to it; the other is the control group — which functions normally and has nothing new done to it.

Example:
If we want to study the effect of an operant conditioning principle on teaching reading to disabled children — we need 2 groups. One will be the experimental group, which is to be taught by the operant conditioning principle and the other the control group which would not be taught at all. We would then compare their levels of reading improvement at the end of the experiment. However, one major factor that would have to be considered is that the two groups must be equal at the beginning so as to eliminate the effect of possible extraneous or

unbudgeted factors. If there is distinct difference at the end of the experiment, then we can answer the question whether an operant conditioning principle can improve reading in learning disabled children or not. Without a control group, we cannot establish this cause and effect relationship

Activity 13.1

Take a moment to reflect on what you have read so far. Based on your learning experience, discuss those criteria or basic characteristics which any field of endeavour must possess to be rightly described as scientific

Activity 13.1 Feedback:

Testability

Objectivity

Repeatability

13.1 Truth, Certainty and Inference in Science

A commonly held notion or idea in contemporary modern life especially among laymen is that science is the royal road to truth. Because of its usefulness and relevance to life, modern man sees science as the ultimate means of obtaining certainty and undisputable facts. However, a brief look at the philosophy on which science is based will illustrate the error in these conceptions. To clarify this issue further some basic generalizations about the nature of scientific knowledge may be worth noting.

Summary of Study Session 13

Summary

In Study session 13, you have learned that:

1. The current utility of science to the modern man has made him to believe it is the royal road to truth. But the basic philosophical framework of science posits otherwise. Truth is unattainable in science and the discipline is self-appraising.
2. The discipline deals only with communicable events. The basic characteristics which make scientific inquiry unique include the following: testability objectivity, repeatability, and use of controls.

Self-Assessment Questions (SAQ) for Study Session 13

Assessment

Now that you have completed this study session, you can assess how well you have achieved its Learning Outcomes by answering these questions. You can check your answers with the Notes on the Self-Assessment Questions at the end of this Module.

SAQ 13.1 (tests learning outcome 13.1)

Explain the nature of scientific knowledge gathering

SAQ 13.2 (tests learning outcome 13.2)

Discuss those criteria which any field of endeavour must possess to be rightly described as scientific

Notes on the Self-Assessment Questions (SAQs) for Study Session 13

SAQ 13.1: 'Truth' is an unattainable ideal. Science does not claim the knowledge of absolute truth. It only allows us to increase relative confidence in the accuracy of our assumptions and theories about the world

Certainty and proof apply only to such abstract logical systems like mathematics, but not to a concrete real life event like human behaviour. Science deals only with probabilities, it does net claim certainty

Science is a self-appraising discipline. The scientist always and continuously re-examines both his facts and his methods of inquiry

SAQ 13.2: Testability

Objectivity

Repeatability

Study Session 14

Models of Behaviour Change

Introduction

By the time you go through this study session, you should be able to explain what is meant by a model of behaviour changes. You should also be able to identify the basic assumptions of a behaviour change model. It is also expected that you should be able to identify and explain the three behaviour change models that are of interest to us in this course the medical, the intrapsychic and the behavioural models.

Learning Outcomes for Study Session 14

When you have studied this session, you should be able to:

14.1 Briefly explain the models of behaviour change (SAQ 14.1)

14.1 Models of Behaviour Change

The use of any set of procedures such as psychotherapy or behaviour modification to alter personality or behaviour assumes some models or conceptualizations of the nature of man. The model includes the assumption about motivational forces, the processes that contribute to and shape attitudes and behaviour, the degree to which various events influence an individual's life and the degree to which the influence of such events can be modified. In addition, the model dictates the way in which behaviour is viewed, the causes to which behaviours are ascribed and the procedures considered appropriate to modify behaviour.

Many models have been proposed to explain behaviour in psychological literature, but only three of the most important are of interest to us in this course. These are:

i. The medical model
ii. The intrapsychic model
iii. The behavioural model.

14.1.1 The Medical Model

The medical model of abnormal behaviour is essentially patterned after views that are adhered to in medicine. This model assumes that deviant behaviour is the result of a disease. As in any disease, there is a specific group of symptoms (deviant behaviours) that, go together and each group of symptoms is a result of a specific disease which has a specific course of development. In the behavioural sciences, such cluster or group of behaviour is referred to as syndrome. To relate this standpoint of the medical model to behaviour modification, Let us briefly see the associated forms of diseases as they are classified in medicine.

First, there are infectious diseases which are attributed to some pathogens such as bacteria or virus. Second, we have systematic diseases, which result from failure or malfunction of a physiological system or organ, Third, there are traumatic diseases which result from some external events such as a physical blow or the taking in of some toxic or poisonous substances.
This means that from the view of the medical model the wide range of behavioural problems which confront behaviour modification experts may be classified into the above groups. Generally, infectious diseases are, however, not at present considered to be responsible for deviant behaviours. It is the systematic disease model that has been extensively used in research on deviant behaviour.

14.1.2 Intrapsychic or Quasi-Medical Model

The intrapsychic or quasi-medical rnodel of abnormal behaviour relies on personality and intrapsychic processes and includes assumptions that have been useful in physical sciences. First, it is assumed that there are symptoms (deviant behaviours') which result from some underlying "disease"' process. Second, to arrive at the root of the problem, treatment must focus on the underlying psychic state. To understand the extrapolation of the medical model into the realm of behaviour disorders requires explanation of the intrapsychic or quasi-medical model in general and of psychoanalytic theory in particular.

The intrapsychic rnodel focuses on psychological forces that are assumed to exist within the individual. A number of personality theorists have propounded theories on the variety of psychic forces inside the individual including drives, needs, impulses, motives, personality traits and other attributes. There forces are assumed to propel human behaviour. There are many versions of the intrapsychic view, only they differ on the precise forces and motives to which behaviour is ascribed.

14.1.3 The Psychoanalytic Theory

Sigmund Freud provided an elaborate theory to explain the driving force or motivation behind human behaviour. Freud also examined causes to which abnormal behaviours might be traced. He traced behaviours to psychological impulses, drives, forces and unconscious processes which occur within the individual. According to the psychoanalytic theory, all behaviour can be traced to some underlying psychological processes. This theoretical viewpoint of personality describes behaviour in terms of psychological energies or motivating forces, drives and impulses and their expression at various stages of early human development,

Freud posed three structures of personality — the id, the ego and the super ego. The id is the reservoir of all instincts and is the source of psychic energy (libido) for all psychological processes and behaviour. The ego interacts with the demands of reality and the need to fulfill instinctual wishes. The super-ego, on its part, represents the internalization of racial and parental standards *and* ideals of behaviour. These personality structures are in constant conflict, and usually occur at the unconscious level. Each Structure attempts to determine whether an impulse will be expressed and in what form it will be expressed

Freud also talked about the stages of psychosexual development through which everyone supposedly passes. At each stage the focus or source is associated with different areas and functions of the body. As a child develops, for example, the expression of psychic energy invariably leads to conflicts with reality and within the structures of personality.

Impulses such as attraction towards the opposite sex parent may not be resolved and may result in the breakdown of normal personality development. Normal behaviour, on the other hand, develops from the expression of impulses, wishes and desires in socially appropriate ways. Deviant, abnormal or undesirable behaviour according to the psychoanalytic view is due to an internal unconscious conflict resulting from the disruption of normal development and expression of drives and needs and their gratification. According to Freud's theory, normal (everyday) behaviours, as well as abnormal behaviours can be traced to particular personality processes and the expression of psychic impulses. For example, cigarette smoking is not merely an unwanted or bothersome habit but is a reflection of an individual's need for oral gratification. It might result from insufficient or over-indulgent oral stimulation in early life.

The intrapsychic model and primarily the psychoanalytic approach has had tremendous impact on clinical psychology and psychiatry and indeed has dominated the field of mental health.

Activity 4.1

Take a moment to reflect on what you have read so far. Based on your learning experience, explain the models of behaviour change?

Activity 14.1 Feedback:

Many models have been proposed to explain behaviour in psychological literature, but only three of the most important are of interest to us in this course. These are:
i. The medical model, ii. The intrapsychic model, iii. The behavioural model.

14.1 Models of Behaviour Change

The use of any set of procedures such as psychotherapy or behaviour modification to alter personality or behaviour assumes some models or conceptualizations of the nature of man. The model includes the assumption about motivational forces, the processes that contribute to and shape attitudes and behaviour, the degree to which various events influence an individual's life and the degree to which the influence of such events can be modified. In addition, the model dictates the way in which behaviour is viewed, the causes to which behaviours are ascribed and the procedures considered appropriate to modify behaviour.

Summary of Study Session 14

Summary

In Study session 14, you have learned that:

1. The use of any set of procedures like behaviour modification assumes some models or conceptualizations of the nature of man.
2. The model includes an assumption of the nature of man, motivational forces and the degree to which environmental factors in behaviour can be changed. A number of models abound in psychological literature, but the most important are the medical, the intrapsychic and the behavioural models.

3. The medical is essentially patterned after the views that are adhered to in medicine. The intrapsychic model focuses on psychological forces that are assumed to exist within the individual.

Self-Assessment Questions (SAQ) for Study Session 14

Assessment

Now that you have completed this study session, you can assess how well you have achieved its Learning Outcomes by answering these questions. You can check your answers with the Notes on the Self-Assessment Questions at the end of this Module.

SAQ 14.1 (tests learning outcome 14.1)

Briefly explain the models of behaviour change

Notes on the Self-Assessment Questions (SAQs) for Study Session 14

SAQ 14.1: The Medical Model: The medical model of abnormal behaviour is essentially patterned after views that are adhered to in medicine. This model assumes that deviant behaviour is the result of a disease. As in any disease, there is a specific group of symptoms (deviant behaviours) that, go together and each group of symptoms is a result of a specific disease which has a specific course of development.

Intrapsychic or Quasi-Medical Model: The intrapsychic or quasi-medical rnodel of abnormal behaviour relies on personality and intrapsychic processes and includes assumptions that have been useful in physical sciences. First, it is assumed that there are symptoms (deviant behaviours') which result from some underlying "disease"' process. Second, to arrive at the root of the problem, treatment must focus on the underlying psychic state

The Psychoanalytic Theory: Sigmund Freud provided an elaborate theory to explain the driving force or motivation behind human behaviour. Freud also examined causes to which abnormal behaviours might be traced. He traced behaviours to psychological impulses, drives, forces and unconscious processes which occur within the individual.

Study Session 15

The Intrapsychic and the Behavioural Approaches to Behaviour Modification

Introduction

Bv the time you are through with this study session, we expect you to be able to explain the lesser Intra-psychic models — The Trait; the Client Centred; and Maslow's. We also expect you to be able to highlight the implications of the intrapsychic models. You are also expected to be able to explain the behavioural approach and its implications for behaviour modification practice.

Learning Outcomes for Study Session 15

When you have studied this session, you should be able to:

15.1 Explain Intra-psychic models and their implications (SAQ 15.1)

15.2 Explain Behavioural Approach and its implications (SAQ 15.2)

15.1 The Intrapsychic Approaches

Psychoanalytic theory has been referred to as an intrapsyhic position because it posits that psychological forces within the organism account for behaviour. There are a number of intrapsychic views of personality and behaviour which also explain behaviouor from the point of view of looking at underlying psychological process.

In some theories, behaviours are attributed to different amounts of a given trait such as kindness or to traits that cut across individuals. In trait theories, an individual's behaviour is explained by the dispositions or traits he possesses. In other intrapsvchic positions, the self-concept or notion of the self is believed to be an important basis for behaviour. One's perception of oneself in relation to others and to various experiences one encounters in the world are assumed to dictate one's behaviour. In yet another intra-psychic position, a taxonomy of needs is posited to account for behaviour. The needs being the internal psychological process that gives rise to overt behaviour. Behaviour can be traced to diverse series of needs. Knowledge of the specific needs and the ways in which they are expressed is necessary in order to understand behaviour. While various, forms of intrap-sychic theories could be elaborated, their unique features are not required to examine the implications of the general approach.

15.1.2 Implication of the Intrapsychic Models

The intrapsychic viewpoints or models have important and significant implications not only on views and conception of personality, but also for psychological assessment and labelling (diagnosis) as well as for altering behaviour (treatment).
Personality assessment seems to be the most important contribution of the intrapsychic model to modern behaviour modification. Through psycho-dynamic assessment, the psychologist attempts to describe personality development with a view to enhancing future adjustment. Assessment therefore searches for the psychological processes that are considered to be sources of behavioural problems.

Projective tests are examples of the diagnostic tools of traditional personality assessment. These tests attempt to assess personality indirectly through reactions to ink blots, stories created in response to ambiguous stimuli, free association, and other unstructured tasks. Projective techniques provide the client with ambiguous stimuli into which he is expected to impose meaning and structure. The responses are then considered as signs that reveal the personality structure and unconscious motivator of the respondent.

15.2 The Behavioural Approach

The behavioural approach is concerned with the development, maintenance and alteration of behaviour. Abnormal behaviour is not regarded as distinct from normal behaviour in terms of how it develops or how it is maintained. Abnormal behaviour does not represent a dysfunction or a disease process that has overtaken normal personality development rather certain learning experiences or failure to receive or profit from previous various learning experiences are viewed as being account able for behaviour. That is, behaviour develops according to the same principles whether labelled normal or abnormal.

Behaviour modification assumes that behaviour whether labelled normal or abnormal, functional or dysfunctional depends to a great extent on environmental factors to demonstrate how behaviour is learned and how new behaviour can be taught. We will refer back to the types of learning we discussed earlier in these series of lectures. These are:

Classical or respondent conditioning;

Operant conditioning; and

Observational learning.

These types of learning have played a major role in conceptualizing behaviour and generating treatment techniques.

15.2.1 Implications of the Behavioural View

The behavioural approach to assessment of behaviours departs from traditional diagnostic assessment. The behavioural approach focuses directly on the behaviours that are to be altered rather than on the underlying personality. Behaviour modifiers emphasize external events in the environment which can be used to alter behaviour. This is not to say that events within the individual do not influence behaviour. Internal events and covert behaviours, such as thoughts, feelings, and perceptions can directly influence behaviour but behaviour modifiers disagree on the extent to which internal events should be regarded as determinants of behaviour.

Activity 15.1

Take a moment to reflect on what you have read so far. Based on your learning experience, Implication of the Intrapsychic Models and Behavioural View

Activity 15.1 Feedback:

The intrapsychic viewpoints or models have important and significant implications not only on views and conception of personality, but also for psychological assessment and labelling (diagnosis) as well as for altering behaviour (treatment), Personality assessment seems to be the most important contribution of the intrapsychic model to modern behaviour modification.

The behavioural approach to assessment of behaviours departs from traditional diagnostic assessment. The behavioural approach focuses directly on the behaviours that are to be altered rather than on the underlying personality.

15.1 The Intrapsychic Approaches

Psychoanalytic theory has been referred to as an intrapsyhic position because it posits that psychological forces within the organism account for behaviour. There are a number of intrapsychic views of personality and behaviour which also explain behaviouor from the point of view of looking at underlying psychological process.

Summary of Study Session 15

Summary

In Study session 15, you have learned that:

1. The lesser intrapsychic models also explain behaviour by looking at underlying psychological process. In some of them traits are posited as the psychological features that account for behaviour, in others, the self-concept or notion of the self is believed to be an important basis for behaviour. In yet another, a taxonomy of needs is posited to account for behaviour.
2. The Intrapsychic models have important implications for our view and conception of personality but also for psychological assessment, diagnosis and also treatment.

Self-Assessment Questions (SAQ) for Study Session 15

Assessment

Now that you have completed this study session, you can assess how well you have achieved its Learning Outcomes by answering these questions. You can check your answers with the Notes on the Self-Assessment Questions at the end of this Module.

SAQ 15.1 (tests learning outcome 15.1)

Explain Intra-psychic models and their implications

SAQ 15.2 (tests learning outcome 15.2)

Notes on the Self-Assessment Questions (SAQs) for Study Session 15

SAQ 15.1: Psychoanalytic theory has been referred to as an intrapsyhic position because it posits that psychological forces within the organism account for behaviour. There are a number of intrapsychic views of personality and behaviour which also explain behaviouor from the point of view of looking at underlying psychological process.
The intrapsychic viewpoints or models have important and significant implications not only on views and conception of personality, but also for psychological assessment and labelling (diagnosis) as well as for altering behaviour (treatment), Personality assessment seems to be the most important contribution of the intrapsychic model to modern behaviour modification.

SAQ 15.2: The behavioural approach is concerned with the development, maintenance and alteration of behaviour. Abnormal behaviour is not regarded as distinct from normal behaviour in terms of how it develops or how it is maintained.

The behavioural approach to assessment of behaviours departs from traditional diagnostic assessment. The behavioural approach focuses directly on the behaviours that are to be altered rather than on the underlying personality.

Study Session 16

Modern Approach to Behavioural Modification

Introduction

By the time you are through with this study session, we expect you would be able to discuss the distinct features of modern behaviour modification as a helping profession. You will also be able to iternise each of these characteristic features and relate them to the actual daily practice of behaviour modification.

Learning Outcomes for Study Session 16

When you have studied this session, you should be able to:

16.1 Explain the modern approach to behavioural modification (SAQ 16.1)

16.1 Modern Approach to Behavioural Modification

People do help one another in many ways in everyday life and indeed people do change as a result of such informal assistance. However, several distinct characteristic features consistently differentiate the professional practice of behaviour modification from friendship or other helpful interactions.

16.1.1 Unilateral

The unilateral aspect of behaviour modification reflects the fact that the participants agree that one person is defined as the helper, the other client. It is also agreed that the focus of the relationship and all its activities would be on solving the problems of the client. In this respect, the change process is unlike most other interpersonal interactions. The personal problems, private affairs, worries and wishes of one person, helper or behaviour modification personnel are intentionally not focused upon. Treatment or therapy is one-sided and concentrates exclusively on the client.

16.1.2 Systematic

By this we mean that the participants definitively agree at the outset on the purposes and objectives of their interaction. After which the helper plans and carries out procedures in an organized fashion towards the .resolution of the client's problems.

16.1.3 Formal

This means that the interaction between the helper and the client is usually confined to specific tunes and places. The times and places are arranged in such a way that the helper has no other role or duty to perform during his meetings with his client. Although at times, he may intentionally provide an informal atmosphere. For example, a helping interaction can occur when a behaviour modification personnel, working with a young child, plays a game of cares, draught or "ayo", or takes the child on a walk, or paying a visit to an adult client at home. Under these circumstances, the behaviour modification personnel's concern is not with winning

the game or getting physical exercise out of his walk, nor is the visit to the client's home a social occasion for mutual enjoyment. These are examples of formal treatment in informal settings.

16.1.4 Time-Limited

The relationship terminates when the stated objectives and goals are reached. The termination is always considered as the final outcome of the relationship and can be based on a mutual agreement or on either the helper's or the client's initiative.

From the above, if we consider a friendship or an interaction with a colleague or neighbour or course mate for a moment, it will be clear that none of the features listed above is common in such relationships. This is the distinct difference between behaviour modification practice and other forms of daily interpersonal interactions.

Activity 16.1

Take a moment to reflect on what you have read so far. Based on your learning experience, explain the modern approach to behavioural modification?

Activity 16.1 Feedback:

The unilateral aspect of behaviour modification reflects the fact that the participants agree that one person is defined as the helper, the other client.

Systematic means that the participants definitively agree at the outset on the purposes and objectives of their interaction.

Formal means that the interaction between the helper and the client is usually confined to specific tunes and places.

Time-Limited is the relationship terminates when the stated objectives and goals are reached.

16.1 Modern Approach to Behavioural Modification

People do help one another in many ways in everyday life and indeed people do change as a result of such informal assistance. However, several distinct characteristic features consistently differentiate the professional practice of behaviour modification from friendship or other helpful interactions.

Summary of Study Session 16

Summary

In Study session 16, you have learned that:

1. The practice of behaviour modification has a number of distinct features. It is *unilateral* in the sense that there is a consensus between the client and the therapist. It is also *systematic* in that the objectives are set out at the beginning.
2. The practice *is formal* because the interaction between the therapist and the client is usually confined to specific times and places. Lastly, it is *time-limited* since the relationship terminates when the

stated objectives are met.

Self-Assessment Questions (SAQ) for Study Session 16

Assessment

Now that you have completed this study session, you can assess how well you have achieved its Learning Outcomes by answering these questions. You can check your answers with the Notes on the Self-Assessment Questions at the end of this Module.

SAQ 16.1 (tests learning outcome 16.1)

Explain the modern approach to behavioural modification

Notes on the Self-Assessment Questions (SAQs) for Study Session 10

SAQ 16.1:

UNILATERAL: The unilateral aspect of behaviour modification reflects the fact that the participants agree that one person is defined as the helper, the other client. It is also agreed that the focus of the relationship and all its activities would be on solving the problems of the client.

SYSTEMATIC: By this we mean that the participants definitively agree at the outset on the purposes and objectives of their interaction. After which the helper plans and carries out procedures in an organized fashion towards the .resolution of the client's problems.

FORMAL: This means that the interaction between the helper and the client is usually confined to specific tunes and places. The times and places are arranged in such a way that the helper has no other role or duty to perform during his meetings with his client.

Time limited: The relationship terminates when the stated objectives and goals are reached. The termination is always considered as the final outcome of the relationship and can be based on a mutual agreement or on either the helper's or the client's initiative.

Study Session 17

The Psychological Factor

Introduction

By the time you have gone through this session, it is expected that you should be able to define what a psychological problem is. You should also attempt to discuss the nature and patterns of a psychological problem. Finally, we hope you should be able to enumerate the characteristic features of a psychological problem.

Learning Outcomes for Study Session 17

When you have studied this session, you should be able to:

17.1 Define psychological problem (SAQ 17.1)

17.2 Mention 4 major characteristics of psychological problem (SAQ 17.2)

17.1 What is a Psychological Problem?

A psychological problem, in general terms, is a difficulty in a person's relations with others, in his perception of the world around him or in his attitude towards himself. Psychological problems can be characterized by a person feeling anxiety or tension, dissatisfaction with his own behaviour, excessive attend on to the problem areas, inefficiency in reaching his own goals, or inability to function effectively in psychological areas.

Psychological problems may at limes be characterized by the fact that while *the* client makes no complaint, others in his social environment feel adversely affected by his behaviour or judge him to be ineffective, destructive, unhappy, disruptive or in some ether way acting contrary to his test or supposed best interest of the social community in which he lives.

17.1.1 The major characteristics of a psychological problem may include the following:

i. The client suffers subjective discomfort, worry or fears that are not easily removable by some action that he can perform without assistance.
ii. The client shows a behavioural deficiency or excessively engages in some behaviour that interferes with what is described as adequate
iii. The client engages in activities which are objectionable to those around him and which leads to negative consequences either for himself or for others.
iv. Finally, the client shows behavioural deviations that result in severe social sanctions by those in his immediate environment

Psychological problems are sometimes related to problems in other areas. For example, an automobile/car accident may cause physical disability which can in turn lead to psychological problems such as...

A person who looses his job, his marital partner or his savings may temporarily face psychological difficulties such as...
It is therefore up to the helper or behaviour modification personnel to analyze the total problem to determine its nature and scope and then plan a strategy that will totally alleviate it.

Activity 1.1

Take a moment to reflect on what you have read so far. Based on your learning experience, explain the major characteristics of a psychological problem?

Activity 1.1 Feedback:

i. The client shows a behavioural deficiency or excessively engages in some behaviour that interferes with what is described as adequate
ii. The client engages in activities which are objectionable to those around him and which leads to negative consequences either for himself or for others.

Finally, the client shows behavioural deviations that result in severe social sanctions by those in his immediate environment.

17.1 What is a Psychological Problem?

A psychological problem, in general terms, is a difficulty in a person's relations with others, in his perception of the world around him or in his attitude towards himself. Psychological problems can be characterized by a person feeling anxiety or tension, dissatisfaction with his own behaviour, excessive attend on to the problem areas, inefficiency in reaching his own goals, or inability to function effectively in psychological areas.

Summary of Study Session 17

Summary

In Study session 17, you have learned that:

1. Psychological problems are difficulties either in a person's relations with others, in his perception of the world around him or in his attitude towards himself. Among the distinct characteristics are the fact that the individual suffers subjective discomfort, shows a behavioural deficiency, and engages in activities which are objectionable to those around him.
2. Also, the client shows behavioural deviations that result in severe social sanctions by those in his immediate environment

Self-Assessment Questions (SAQ) for Study Session 17

Assessment

Now that you have completed this study session, you can assess how well you have achieved its Learning Outcomes by answering these questions. You can check your answers with the Notes on the Self-Assessment Questions at the end of this Module.

SAQ 17.1 (tests learning outcome 17.1)

Define psychological problem

SAQ 17.2 (tests learning outcome 17.2)

Mention 4 major characteristics of psychological problem.

Notes on the Self-Assessment Questions (SAQs) for Study Session 17

SAQ 17.1: A psychological problem, in general terms, is a difficulty in a person's relations with others, in his perception of the world around him or in his attitude towards himself. Psychological problems can be characterized by a person feeling anxiety or tension, dissatisfaction with his own behaviour, excessive attend on to the problem areas, inefficiency in reaching his own goals, or inability to function effectively in psychological areas

SAQ 17.2:

i. The client suffers subjective discomfort, worry or fears that are not easily removable by some action that he can perform without assistance.

ii. The client shows a behavioural deficiency or excessively engages in some behaviour that interferes with what is described as adequate

iii. The client engages in activities which are objectionable to those around him and which leads to negative consequences either for himself or for others.

iv. Finally, the client shows behavioural deviations that result in severe social sanctions.

Study Session 18

Assessment of Problem Behaviour

Introduction

Successful assessment leads to enrolment into treatment and other management strategies both for the child and the parents. At the end of this study session, you will be able to describe the use of scientific methods and instruments to determine the type, nature and severity of any presenting problem behaviour realm. There are as many assessment instruments as there are problem behaviours. Therefore, students will be acquainted with the myriads of these instruments and techniques.

Learning Outcomes for Study Session 18

When you have studied this session, you should be able to:

18.1 Explain problem behaviour assessment (SAQ 18.1)

18.1 Assessment of Problem Behaviour

Assessment of problem behaviour describes the use of scientific methods and instruments to determine the type, nature and severity of any presenting problem behaviour. Successful assessment leads to enrolment into treatment and other management strategies with a view to restoring the individual to a more socially acceptable behaviour realm. There are as many assessment instruments and techniques as there are problem behaviours. Depending on the stated purpose and with an acceptable measure of congruence between respondents, problem behaviour assessment in children is carried out by using several procedures, protocols or techniques, such as, parent reports or interviews, standardized behavioural observations of parent-child interactions, use of checklists, rating scales, parent/teacher ratings or estimation, etc. There are many standardized psychometrically valid and reliable tools to appraise, both, skill/positive as well as negative/problem behaviours in children.

Table 1

Summary List of Problem Behaviour Checklists & Rating Scales

S/N	Title of Scale	Authour(s) & Year of Publication
1	Walker Problem Behaviour Identification Checklist	Walker, 1983
2	Aberrant Behaviour	Checklist Aman, Singh, Stewart & Field,1985a; 1985b
3	Child Behaviour Rating Form	Aman et al. 1996
4	Becker Behaviour Rating Scale	Becker, 1960
5	Conduct Problem Scale	Patterson & Fagot, 1967
6	Behaviour Disturbance Scale	Leudar, Fraser & Jeeves, 1987
7	Eyberg Child Behaviour Inventory	Boggs, Eyberg & Reynolds, 1990
8	Behaviour Rating	Profile Brown & Hammill, 1990
9	Revised Behaviour Problem Checklist	Quay & Peterson, 1993
10	Checklist of Challenging Behaviour	Harris, Humphreys & Thomson, 1994

11	Developmental Behaviour Checklist	Einfeld & Tonge, 1995
12	Conner's Rating Scale	Connors, 1997
13	Child Behaviour Checklist	Achenbach & Rescorla, 2000; 2001
14	Behaviour Problems Inventory	Rojahn et al, 2001
15	Behaviour Assessment System for Children	Reynolds & Kamphaus, 2004
16	Burks Behaviour Rating Scale	Burks, 2007
17	Behaviour Disorder Checklist	Mishra, 1976
18	Problem Behaviour	Checklist Arya et al, 1990
19	Behaviour Assessment Scale for Children With Mental Retardation, Part B	Peshawaria &Venkatesan, 1992a
20	Behaviour Assessment Scale for Adult Living, Part B	Peshawaria et al, 2000
21	Problem Behaviour Survey Schedule For Children with Developmental Disabilities	Venkatesan, 2013

Activity 18.1

Take a moment to reflect on what you have read so far. Based on your learning experience, discuss assessment of problem behaviour

Activity 18.1 Feedback:

Assessment of problem behaviour describes the use of scientific methods and instruments to determine the type, nature and severity of any presenting problem behaviour. Successful assessment leads to enrolment into treatment and other management strategies with a view to restoring the individual to a more socially acceptable behaviour realm.

18.1 Assessment of Problem Behaviour

Assessment of problem behaviour describes the use of scientific methods and instruments to determine the type, nature and severity of any presenting problem behaviour. Successful assessment leads to enrolment into treatment and other management strategies with a view to restoring the individual to a more socially acceptable behaviour realm. There are as many assessment instruments and techniques as there are problem behaviours.

Summary of Study Session 18

Summary

In Study session 18, you have learned that:

1. Assessment of problem behaviour describes the use of scientific methods and instruments to determine the type, nature and severity of any presenting problem behaviour.
2. Successful assessment leads to enrolment into treatment and other management strategies with a view to restoring the individual to a more socially acceptable behaviour realm. Behaviour assessment requires the use of several procedures, protocols or techniques

Self-Assessment Questions (SAQ) for Study Session 18

Assessment

Now that you have completed this study session, you can assess how well you have achieved its Learning Outcomes by answering these questions. You can check your answers with the Notes on the Self-Assessment Questions at the end of this Module.

SAQ 18.1 (tests learning outcome 18.1)

Explain problem behaviour assessment

Notes on the Self-Assessment Questions (SAQs) for Study Session 10

SAQ 18.1: Assessment of problem behaviour describes the use of scientific methods and instruments to determine the type, nature and severity of any presenting problem behaviour. Successful assessment leads to enrolment into treatment and other management strategies with a view to restoring the individual to a more socially acceptable behaviour realm. There are as many assessment instruments and techniques as there are problem behaviours

Study Session 19

Application of Behaviour Modification I

Introduction

We expect that when you have gone through this lecture unit, you should be capable of discussing the applications of behaviour modification. That is, we expect you should know the areas in which behaviour modification has worked in reducing human suffering and facilitating its functions.

The practice of behaviour modification has attracted world acclaim among professionals and laymen because of its effectiveness in different areas of human endeavour. It has been convincingly proven that methods employed in behaviour modification have helped practitioners to aid clients in acquiring a wide range of desirable behaviours and also in eliminating a wide spectrum of undesirable ones.

One of the major areas in which behaviour modification has been found effective is in Anxiety management. By this we mean that anxiety management has been found effective in the solution of problems of people suffering from unnecessary fears and anxiety reactions.

Learning Outcomes for Study Session 19

When you have studied this session, you should be able to:

19.1 Define anxiety (SAQ 19.1)

19.2 Explain how anxiety can be managed (SAQ 19.2)

19.1 Anxiety

Anxiety refers to a complex and variable pattern of behaviour which occurs in response to internally or externally produced stimuli and which manifests in three dimensions or response channels:

Figure 19.1 *Anxiety refers to a complex and variable pattern of behaviour | Photo by footnotecounseling.com*

The first of these is the subjective or self-report channel in which an individual may informally or formally through psychological test scores, indicate or reveal the degree of anxiety he or she experiences.

The second response channel is that of physiological arousal which may be made manifest in such physiological changes like skin responses, heart rate increase. Blood pressure changes, respiration, muscle tension, etc.

The third anxiety response channel involves overt somatic motor behaviour such as trembling or stuttering.

The behaviour modification approaches or techniques employed in the management of anxiety include the following:

i. Systematic desensitization.
ii. Modelling.
iii. Flooding and implosion.

Another area in which behaviour modification methods have been found effective is in the management of depression otherwise called psychological depressive syndrome.

Depression is one of the many psychological problems that have plagued mankind throughout recorded history. Depression refers to mood and may vary from feelings of slight sadness to utter misery and dejection. The term "depression" is also used to bring together a variety of physical and psychological symptoms which together constitute a "syndrome". Depression is also used to indicate an illness which prevents the sufferer from functioning and .requires active treatment to restore the body and mind to a healthy state. Psychotherapy is usually employed to manage most forms of depression.

The classroom, research has shown, is one of the areas in which behaviour modification has been found to be very effective and useful. These methods have not only helped in the management of the behaviour of learners, but also in facilitating the learning process in the classroom.

The techniques that have been found to be effective include the 'praise and ignore' technique. Another technique is the 'token'system. In the token system the child is periodically rated on the behaviours, which the teacher is interested in — attentiveness, answering questions, asking questions et cetera For behaving in an appropriate or approved manner, the child is given some symbols of this rating called a 'token' — sweet, chocolate, ruler, erazer et cetera.

Other behaviour modification methods employed in the classroom include: punishment, self-control, self-reinforcement and management, et cetera.

Activity 19.1

Take a moment to reflect on what you have read so far. Based on your learning experience, explain behaviour modification approaches

Activity 19.1 Feedback:

The behaviour modification approaches or techniques employed in the management of anxiety include the following

i. systematic desensitization.
ii. modelling

iii. flooding and implosion.

19.1 Anxiety

Anxiety refers to a complex and variable pattern of behaviour which occurs in response to internally or externally produced stimuli and which manifests in three dimensions or response channels:
The first of these is the subjective or self-report channel in which an individual may informally or formally through psychological test scores, indicate or reveal the degree of anxiety he or she experiences.
The second response channel is that of physiological arousal which may be made manifest in such physiological changes like skin responses, heart rate increase. blood pressure changes, respiration, muscle tension, etc.

Summary of Study Session 19

Summary

In Study session 19, you have learned that:

1. The practice of behaviour modification has been effective in different areas of human endeavour. Among them is anxiety management. Anxiety management has been effective in the resolution of problems of people suffering from unnecessary' fears and anxiety reactions.
2. The management of depression and the classroom situation are other areas of interest in behaviour modification to behaviour modification practitioners.

Self-Assessment Questions (SAQ) for Study Session 19

Assessment

Now that you have completed this study session, you can assess how well you have achieved its Learning Outcomes by answering these questions. You can check your answers with the Notes on the Self-Assessment Questions at the end of this Module.

SAQ 19.1 (tests learning outcome 19.1)

Define anxiety

SAQ 19.2 (tests learning outcome 19.2)

Explain how anxiety can be managed

Notes on the Self-Assessment Questions (SAQs) for Study Session 19

SAQ 19.1: Anxiety refers to a complex and variable pattern of behaviour which occurs in response to internally or externally produced stimuli

SAQ 19.2:

i. systematic desensitization.
ii. modelling.
iii. flooding and implosion.
psychological depressive syndrome
'praise and ignore' technique
'token'system

Study Session 20

Application of Behaviour Modification II

Introduction

When you would have through this study session, you should be able to discuss more areas of the applications of behaviour modification. That is more areas apart from the ones discussed earlier in which behaviour modification methods have been found effective and successful in altering human behaviour.

Learning Outcomes for Study Session 20

When you have studied this session, you should be able to:

20.1 Discuss areas of the applications of behaviour modification. (SAQ 20.1)

20.1 Psychotherapy and Aversive Therapy

Psychotherapy and aversive therapy are usually employed in handling most forms of sexual deviation. Social skills training is another area in which behaviour modification practice has been found effective. The development of social skills allows a person to engage in enjoyable Activities that might otherwise be avoided because of lack of skills. It is a special form of behaviour modification technique that has been successfully used to help people improve their heterosexual relationships like dating and general social interaction. Social skills training has also been found effective in resocializing the chronic mental patient and increasing the adaptive behaviours of depressed clients. The techniques employed in fostering social skills training include role playing, instruction and feedback, and modelling procedures.

Figure 20.1 *Psychotherapy approach | photo by huffingtonpost*

Alcoholism and drug abuse present two challenging social problems for modern man. Behaviour' modification methods have been found effective in managing them as though the treatment are often difficult. The methods employed in the treatment of these two problems are usually based on the following approaches:

i. to decrease the immediate reinforcing properties of the drugs;
ii. to develop new behaviours incompatible with alcohol and drugs;
iii. to modify the clients environment so that he receives maximum reinforcement from activities other than drug and alcohol.

One of the techniques that is employed is individual and group psychodynamic therapy. Aversive therapy and medications have also been found to be effective.

Obesity is a major health problem. It is a problem made more difficult because it is related to the function of the cardiovascular system. However, behaviour modification has been found to be effective in its management. The following assumptions underlie the behavioural treatments of obesity:

i. Obesity results from excess caloric intake in relation to energy expended.

ii. Behaviours leading to food consumption and physical activity are under environmental control.

iii. Decreased caloric intake and increased energy expenditure can be achieved by having the individual modify his environment and himself.

The following behaviour modification principles are usually applied in its management:

i. Reinforcement
ii. Aversive control
iii. Self-monitoring and Goal-setting.

Another major issue under behaviour modification is the treatment of marital problems. Marital strife treatment is very crucial because individuals marital life touches all aspects of his life – social work career, as well as his relationship with others including members of his family and children. It affects the general emotional and psychological wellbeing of the individual.

The treatment programmes employed in behaviour modification management of marital conflict include:

i. Pinpointing and discriminating specific positive and negative behaviours with emphasis on the positive.
ii. Training in communication skills such as improving listening skills, sharing communication equally and reducing aversive behaviours.
iii. Training in problem-solving, negotiating and compromise.
iv. Signing contracts on specific behaviours to be emitted and specific reinforcers contingent upon those behaviours.

Activity 20.1

Take a moment to reflect on what you have read so far. Based on your learning experience, discuss behaviour modification principles

Activity 20.1 Feedback:

Behaviour modification principles are usually applied in its management:

i. Reinforcement
ii. Aversive control
iii. Self-monitoring and Goal-setting.

20.1 Psychotherapy and Aversive Therapy

Psychotherapy and aversive therapy are usually employed in handling most forms of sexual deviation. Social skills training is another area in which behaviour modification practice has been found effective. The development of social skills allows a person to engage in enjoyable Activities that might otherwise be avoided because of lack of skills. It is a special form of behaviour modification technique that has been successfully used to help people improve their heterosexual relationships like dating and general social interaction. Social skills training has also been found effective in resocializing the chronic mental patient and increasing the adaptive behaviours of depressed clients. The techniques employed in fostering social skills training include role playing, instruction and feedback, and modelling procedures.

Summary of Study Session 20

Summary

In Study session 20, you have learned that:

1. The most controversial of all areas of behaviour modification practice is the prisons. This is because of the initial use of aversive methods. Sexual deviation management and social skills training are other areas of interest to behaviour modification personnel.
2. Alcoholism and drug abuse are two social problem areas that have been tackled by behaviour modification methods. Obesity, which is a major health problem, is managed by behaviour modification methods. Finally, the treatment of marital problems have also attracted the application of behaviour modification techniques.

Self-Assessment Questions (SAQ) for Study Session 20

Assessment

Now that you have completed this study session, you can assess how well you have achieved its Learning Outcomes by answering these questions. You can check your answers with the Notes on the Self-Assessment Questions at the end of this Module.

SAQ 20.1 (tests learning outcome 20.1)

Discuss areas of the applications of behaviour modification.

Notes on the Self-Assessment Questions (SAQs) for Study Session 20

SAQ 20.1: Psychotherapy and aversive therapy are usually employed in handling most forms of sexual deviation. Social skills training is another area in which behaviour modification practice has been found effective

One of the techniques that is employed is individual and group psychodynamic therapy. Aversive therapy and medications have also been found to be effective. The following behaviour modification principles are usually applied in its management:

i. Reinforcement,
ii. Aversive control
iii. Self-monitoring and Goal-setting.

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