BEHAVIOR

Robert J. Trotter reports from Atlanta at the meeting of the Association for the Advancement of Behavioral Therapy

Behavior Therapy: Here, there, everywhere

As a theory, behaviorism has had an uphill battle—with critics calling it silly and charging it with depriving humans of their freedom and dignity. As a therapy, behaviorism appears to have made the grade. At its first meeting, eleven years ago, members of the AABT could have met in one room. This year nearly 2,000 enthusiastic behavior therapists showed up for the meeting in Atlanta. During three days of symposia, workshops and poster sessions they described how they are modifying almost everything from anorexia to xenophobia.

Dampening self-injurious behavior

Behavior modification comes in many forms, some of which may seem simple-minded or even inhumane. But when faced with a profoundly retarded child who continually engages in self-injurious behavior, therapists have to come up with something that works. Michael F. Dorsey, Brian A. Iwata, Terry McSween and Ed Desmond of Western Michigan University in Kalamazoo reported on a non-harmful punishment procedure (application of a fine water mist to the face) that reduces self-injurious behavior in retarded children. The behaviors that were to be modified included mouthing, hand biting, skin tearing and head banging. In a first experiment, the water mist treatment proved effective in bringing about large decreases in self-injurious behaviors. Later, the mist was paired with a more commonly accepted stimulus (a verbal "No") as a conditioned punisher. The initial "No" had no effect on the behaviors of the children, but after the concurrent application of the "No" plus the mist, "No" alone proved to be effective. The researchers suggest that the mist procedure may be a feasible alternative to currently available punishment techniques.

Seeing is believing

In recent years it has been demonstrated that behavioral training can result in increased visual acuity or sharpness in subjects whose acuity is slightly worse than 20/20. Frank L. Collins of Auburn University, Leonard H. Epstein of the University of Pittsburgh School of Medicine and H. Julia Hannay of Auburn University now report success in increasing the visual acuity of myopic subjects whose vision ranged from 20/200 to 20/100. Subjects removed their glasses and rested their eyes for 30 minutes before training sessions. During the sessions alphabet letters were presented at increasing distances, with the criterion for increases in distance (of 20 cm) being ten consecutive correct identifications. Every correct answer was followed by a positive verbal statement from the examiner. After training, all subjects achieved acuity ratings of at least 20/67, with one person being rated at 20/25. Significant positive acuity changes were still evident two weeks after training.

Fifty ways to quit your smoking

The hazardous effects of tobacco smoking have been thoroughly documented, but the habit is not easy to kick. This can be seen in the small industry that is being made of devices, gimmicks and therapies for those who want help quitting. The reason for so many therapies is probably that no one approach has been found to be effective with all of the people all of the time. In response to this situation, researchers now suggest a multifaceted approach. Steven P. Schinke, Betty J. Blythe and Howard J. Doueck of the University of Washington have conducted and evaluated a multifaceted intervention program and found it to be relatively successful.

Subjects who volunteered for the program were given wrist counters and monitoring sheets to wrap around their cigarettes. They were taught to record all cigarette urges and cigarettes smoked and were asked to monitor these behaviors for eight weeks. During that time the subjects participated in 90-minute weekly group sessions. During these sessions they were introduced to a variety of stop-smoking techniques, including graphs, charts, positive reinforcement, social learning theory, rapid smoking (three cigarettes in a row, inhaled every six seconds), the tension-release method of muscle relaxation (to be practiced twice a day for ten minutes), assertiveness training (refusing offers of cigarettes and asking others not to smoke in certain situations), American Cancer Society films on smoking cessation, and thought stopping. Beginning with the second week of intervention, subjects reported progressively fewer urges and fewer cigarettes smoked — continuing into a six-month follow up. "The low follow-up levels of experimental condition cigarette smoking are impressive," say the researchers, "considering the postinterventive rates of many other smoking reduction programs."

Relaxation treatment for emesis

What do you do for someone who vomits after every meal? The condition — functional, non-self-induced eating-related emesis — is not common, but when it does occur it can be extremely debilitating and potentially dangerous. It is made even more serious by the fact that the symptoms are often resistant to conventional therapies, both pharmaceutical and psychological. Mark S. Schwartz of the Mayo Clinic in Rochester, Minn., now reports successful treatment of six patients with functional or psychogenic emesis. In all cases vomiting occurred after virtually every meal, often several times per meal. Symptoms had been occurring for months, and for 15 years in one case.

Schwartz used a behaviorally-oriented self-regulatory relaxation treatment. The physiological and learning rationale for relaxation were explained to the subjects who were then taught autogenic or muscle tense-release relaxation procedures. This technique, practiced for 15 to 20 minutes, usually after every meal, appears to be of "major therapeutic importance," says Schwartz. All patients have shown considerable improvement, and in four vomiting was reduced by more than 80 percent.

Attention training for test anxiety

Most of us know what it is like to get anxious and choke at test time. But for some students, test anxiety is so severe that they rarely perform as well as they could. Part of the problem may be that high levels of anxiety keep test takers from paying attention to what they are doing. Toni D. Bernotas, Sheila C. Ribordy and Robert J. Tracy of DePaul University in Chicago report that attention training can help some test-anxious students. Children, ages 9 through 12, who were either high or low in test anxiety were matched on sex and grade level then randomly assigned to either attention training, placebo training or to no-training control groups. Children in the attention training group were rewarded for successful inhibition of irrelevant responses and correct attending behavior. Those in the placebo training group also interacted with the trainer, but they received rewards that were not dependent on inhibition of irrelevant responses. On a subsequent test it was found that high test-anxious children in the attention training group performed as well as low test-anxious children. High test-anxious children in the other two groups continued to make more errors than low test-anxious children.