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Professional or occupational associations

These associations include groups representing different professions or organisations such as community and welfare workers, social workers and psychologists. They each represent the interests of the group and promote professional and ethical standards within the profession.

Examples of professional groups are:
- Australian Community Workers Association
- Australian Association of Social Workers
- Youth Workers Association.

Join formal networks

Formal networks may require you to attend regular meetings and participate in network projects. You may need to meet particular eligibility criteria to be able to join a formal network, such as showing evidence of a qualification to be able to apply for membership of a professional association. If your organisation has a policy of encouraging workers to join professional networks, seek advice about which networks they consider most appropriate and whether they wish you to actively participate in network activities.

Try to join networks that provide opportunities to develop your skills and knowledge and help you meet your organisation’s objectives. For example, you may have a professional interest in advocacy and find a network group that undertakes advocacy and lobbying for increased funding in your area of community services. Joining a network such as this has the potential to help you develop your own skills and interests and also benefit people using your services and organisation.

Informal networks

Informal networks include the links and relationships you make as part of your work or training that are not dependent on formal agreements. They are primarily based on sharing information and providing mutual support.

Informal networks include:
- other workers, particularly those in the community services industry
- trainers, teachers and academics
- contacts in policy and funding bodies.

You will build and develop a wide range of informal networks over time as part of your daily work. In many cases, informal networks develop as you make friends with colleagues or find individuals in government departments or other organisations who are helpful and a good source of information. These networks act as unofficial
1B Read and interpret information, distilling key themes and messages for counselling work

You must develop high-quality research skills so you can access the most up-to-date and relevant information to assist you when working with clients. This will involve reading, interpreting information and distilling key themes and messages for counselling work. In writing and reading contexts, distilling means to extract and summarise the main points.

A counsellor may utilise a variety of counselling, psychotherapeutic and psychological theories to facilitate a person’s learning and effect behavioural changes. It is important to also be able to apply these analytical skills to the individual. This includes the cultural and socio-political context in which the client lives and how these factors affect the presenting problem. This includes analysing social and cultural influences such as age, development, (dis)ability, religion, cultural identity, sexual orientation, socioeconomic status, nationality and gender.

Here are some things to consider when accessing information about counselling and learning theories.

**Read through all the information**

Organise information into similar categories; for example, suggestions, strengths, weaknesses and similar experiences.

**Label the categories or themes**

Attempt to identify patterns or associations in the information.

**Interpret information**

Attempt to put the information in perspective; for example, compare results to what you expected.

**Statistics**

Statistics can be either qualitative or quantitative. Qualitative statistics are descriptive measures while quantitative statistics are numerical. It is important to have an understanding of what the statistical terms mean to analyse the information in journal articles.

You can access more information at:

**Dollard and Miller**
John Dollard (1900–1980) and Neal Miller (1909–2002) extended the work for behaviourism. They proposed that if a stimulus and response are presented together and then rewarded the person will be more likely to repeat the behaviour. They identified four elements of behaviour: drive, cue, response and reinforcement. This was known as the process of habitual response. This formed the basis of their theory of attachment; they sought to explain human socialisation, neuroses and psychotherapy.

**Thorndike**
Edward Thorndike (1874–1949) proposed the ‘law of effect’, which suggested that actions that had a positive consequence would be repeated while actions that caused an unpleasant effect would be stopped. This law was used by Skinner for the basis of Operant Conditioning.

For more information, research Thorndike’s studies involving a cat escaping a puzzle box and reaching the reward.

**Skinner**
Berrhus Frederic Skinner (1904–1990), known as B. F. Skinner, proposed that operant conditioning was important to explain behaviours. Operant conditioning is intentional actions that have an effect on the environment. If reinforcement follows actions the action will be strengthened and more likely to reoccur. Skinner proposed that behaviour could be changed by the use of reinforcement.

Neutral operant: No impact on behaviours

Reinforcers: Responses that increase the probability of the behaviour being repeated. These can be positive or negative.

Punishers: Responses that decrease the probability of the behaviour being repeated.

For more information, research the experiments using rats and the Skinner Box that Skinner used to demonstrate operant conditioning.

**Wolpe**
Joseph Wolpe (1915–1997) in the 1950’s proposed that the fear response of a phobia could be removed using the principles of classical conditioning.

The person is taught deep muscle relaxation and breathing exercises, which are paired with the fear provoking stimuli. This creates a fear hierarchy with stimuli at the lowest level building up to the most fear-provoking images.

The person works their way up to the top of the fear hierarchy accomplishing a situation where the most fearful item in the hierarchy does not produce anxiety.

For more information, research the work relating to desensitisation with spiders.

**Bandura**
Albert Bandura (1925–) proposed in 1977 that a person can learn behaviours by observation and that cognitive or mental factors are involved in learning. Bandura proposes that individuals think about their behaviour and consequences. This became the social learning theory.

For more information, research the Bobo doll experiment.
Cognitive therapy

Cognitive therapy is based on the theory that how we feel is determined by our thought processes.

Cognitive therapy aims to change the way a person thinks about an issue. Its focus is on changing negative thoughts as these lead to negative feelings and negative behaviours.

Here are some examples of the kinds of thinking that might lead to negativity.

<table>
<thead>
<tr>
<th>Cognitive thinking that leads to negativity</th>
</tr>
</thead>
<tbody>
<tr>
<td>▶ Personalisation – relating negative events to one’s self when there is no basis</td>
</tr>
<tr>
<td>▶ Dichotomous thinking – seeing things as black or white with no other choices or actions</td>
</tr>
<tr>
<td>▶ Selective abstraction – focusing on selective aspects of an experience</td>
</tr>
<tr>
<td>▶ Magnification-Minimisation – distorting the importance of certain events</td>
</tr>
</tbody>
</table>

Techniques of cognitive therapy

Cognitive therapy challenges the thoughts that cause the negative feelings in a person.

Here are some techniques that a therapist may use in cognitive therapy.

<table>
<thead>
<tr>
<th>Validity</th>
</tr>
</thead>
<tbody>
<tr>
<td>▶ The therapist asks the person to prove their thoughts and beliefs with objective evidence. When the person is unable to do this the invalidity of their feelings and thoughts is exposed to the person.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Rehearsal</th>
</tr>
</thead>
<tbody>
<tr>
<td>▶ Cognitive rehearsal requires the person to imagine the situation they have encountered in the past and works with the therapist to employ strategies that work to manage the situation. The person rehearses the behaviour and response to the difficult situation in the therapy sessions.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Guided discovery</th>
</tr>
</thead>
<tbody>
<tr>
<td>▶ The therapist uses questioning to assist the person to identify invalid thought processes.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Journalling</th>
</tr>
</thead>
<tbody>
<tr>
<td>▶ The person keeps a diary of situations they experience and keep a record of their thoughts, emotions and behaviours the person has in relation to the experience. The therapist and the person review the diary to identify faulty thought processes and identify better behaviours the person can employ.</td>
</tr>
</tbody>
</table>
Technique for forming new beliefs
Here are some ways that a therapist can work together with a person to form new and rational beliefs.

<table>
<thead>
<tr>
<th>Ways new beliefs can be developed</th>
</tr>
</thead>
<tbody>
<tr>
<td>▶ Coping self-statements</td>
</tr>
<tr>
<td>▶ Cost–benefit analysis</td>
</tr>
<tr>
<td>▶ Psycho-educational methods</td>
</tr>
<tr>
<td>▶ Teaching others</td>
</tr>
</tbody>
</table>

Beck’s cognitive therapy
This form of therapy aims to teach people to identify faulty patterns of thinking and to use intervention strategies that change thought process and behaviour. It deems beliefs, thoughts, behaviours and emotions as being all interrelated. Changing the negative thought processes (cognitive distortions) will have a positive effect on behaviours.

Here are some examples of cognitive distortions.

<table>
<thead>
<tr>
<th>Examples of distorted thinking</th>
</tr>
</thead>
<tbody>
<tr>
<td>▶ All-or-nothing thinking – no middle ground; if something is not perfect, it is a failure</td>
</tr>
<tr>
<td>▶ Overgeneralisation – a single event is viewed as a never-ending pattern</td>
</tr>
<tr>
<td>▶ Mental filter – dwelling on the negative and not considering the positives of an experience</td>
</tr>
<tr>
<td>▶ Disqualifying the positive – maintaining the negative belief even when experiencing positive outcomes</td>
</tr>
<tr>
<td>▶ Jumping to conclusions – making negative assumptions without evidence</td>
</tr>
<tr>
<td>▶ Magnifying negative experiences and minimising positive achievements</td>
</tr>
<tr>
<td>▶ Emotional reasoning – making assumptions based on emotional feelings</td>
</tr>
<tr>
<td>▶ Experiencing guilt when unable to follow rigid rules containing should and should not parameters.</td>
</tr>
<tr>
<td>▶ Labelling – giving a label to your own character based on negative experience</td>
</tr>
<tr>
<td>▶ Mislabelling – describing an experience using highly emotive language</td>
</tr>
<tr>
<td>▶ Personalisation – assuming responsibility for all negative events even if they are not within your responsibility</td>
</tr>
</tbody>
</table>
**Gestalt therapy**

Gestalt therapy was developed by Fritz Perls, Laura Perls and Paul Goodman in the 1940s. The emphasis of this therapy is on raising the person’s awareness of their actions, thoughts and feelings in the moment – rather than on what was, might be, could be or should be. The person needs to accept accountability for their reality and the therapist helps the person to do this by the use of language. All language should be owned by the person through the use of ‘I’ statements.

The therapist needs to have an understanding of the person’s experience. The therapist achieves this through verbal communication and accurate interpretation of nonverbal communication. The goal of Gestalt therapy is awareness and is situated in the ‘here and now’.

**Techniques used in Gestalt therapy**

There are some specific techniques that therapists can use when undertaking Gestalt therapy. Here are some examples.

<table>
<thead>
<tr>
<th>Technique</th>
<th>Description</th>
</tr>
</thead>
</table>
| **Experimental** | The therapist can set tasks such as role play or homework to promote the person’s self-awareness. This will increase the person’s confidence in undertaking the task in reality.  
Example:  
A new teacher is nervous about presenting a topic to her peers. She is asked to practice this in front of the mirror. By focusing on what she needs to do it builds confidence for her to complete the task in reality. |
| **Language** | The therapist can:  
► use statements rather than questions  
► the use of ‘I’ statements for the person to own the feelings  
► focus on the present tense rather than the past or future  
► use ‘what’ and ‘how’ questions to keep in the present. |
| **Enactment** | The therapist can encourage the person to explore the two opposing parts of their personality by sitting in different chairs and taking on the part of the personality that is assigned to each chair. This can illuminate the techniques, beliefs and emotions that are present for the person in each situation. It may also take the form of role-playing different parts. Enactment is intended as a way of increasing awareness. |
| **Exaggeration** | This technique also allows the person to explore two opposing opinions/attitudes that the person may hold.  
One part/role demands things go a certain way while the other role/part disobeys. |
Here is a list of important aspects to include in your self-development plan.

### What to include in a self-development plan

<table>
<thead>
<tr>
<th>Aspect</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>What you want to achieve (goals)</td>
<td></td>
</tr>
<tr>
<td>When you want to achieve them by (time frame)</td>
<td></td>
</tr>
<tr>
<td>How you will know when you have achieved them (measurement)</td>
<td></td>
</tr>
<tr>
<td>What you will do to reach these goals (your actions)</td>
<td></td>
</tr>
<tr>
<td>What help you need to reach these goals (support/mentorship/professional training)</td>
<td></td>
</tr>
<tr>
<td>What aspect of your job these goals relate to (professional accountability)</td>
<td></td>
</tr>
</tbody>
</table>

### The reflective journal

A reflective practice journal can be a diary that has enough space to write reasonably lengthy daily entries or a thick exercise book where you enter your own dates. The format of the journal is not important as long as it can be used specifically to record your reflections. It is better not to combine it with a personal diary, as a practice journal is essentially a tool for self-evaluation and professional development.

Keep all your reflective notes together in a format that can be easily referred to in the future. Your reflective journal must also be kept secure at all times as it may contain notes about clients’ personal details and behaviours and how you have dealt with them. Be careful to never identify any clients or colleagues by name, to ensure their privacy is maintained. Write in your journal as often as possible and use it as a means of exploring your progress as a community services worker. When using it to reflect on your practice, acknowledge what you are doing well and where you are improving, as well as any difficulties you are having. A useful way to begin self-reflection is to have a series of questions that you ask yourself at the end of every day.

Questions to ask yourself may include:

- What did I do well today?
- What could I have done better?
- What can I learn from the experience?

### Professional portfolio

A professional portfolio is where all your professional education is kept and it can assist you to plan for further self-development and professional activities. A professional portfolio can also assist you in reflection of what it means to be a learning professional who wants to develop their skills and knowledge and apply these to their practice.

A professional portfolio is the evidence of your skills, achievements, and professional experience. You will be able to use your professional portfolio to plan your continuing education and professional development.
Continuous improvement

As you review the work undertaken at the conclusion of the program or service, consider the various social and cultural factors that affected clients and how effectively you were able to reduce or eliminate the effects of these. Information you gather can be used in future work.

Here are some examples.

**Examples of social and cultural factors**

**Age**
- Up-skill older people in using technology in the workplace.
- Facilitate support for young adults such as community ‘big brother/big sister’ programs.

**Long-term unemployment**
- Provide technology training.
- Provide work-ready programs.
- Facilitate community volunteer positions to assist in the transition from long-term unemployment to participate in the workforce.

**Family breakdown**
- Facilitate access to family counselling.
- Provide access to various support agencies.

**Homelessness**
- Assist in finding short-term respite accommodation.
- Provide meals.

**Racism**
- Develop community- and school-based education programs.
- Facilitate community-based ‘tolerance’ days.
Summary

1. A responsibility for a professional counsellor is keeping up to date with new studies and techniques that can be applied to the counselling area of practice.

2. Best practice is supported by up-to-date and relevant knowledge. Staff may develop skills and knowledge of current best practice through a range of competency development strategies.

3. Being effective in current and future counselling practice involves reading, interpreting information and distilling key themes and messages for counselling work.

4. Behaviourism is a theory of learning, which proposes that all behaviours are acquired through conditioning.

5. Social learning theory proposes that the person can learn behaviours by observation and that cognitive or mental factors are involved in learning.

6. Cognitive behavioural therapy approach is that thoughts, feelings and behaviours combine and affect the person’s moods and behaviours.

7. A humanistic approach uses a client centred therapy where the counsellor provides opportunities for the person to determine his/her own direction.

8. Rational emotive therapy is based on a linear sequence of experience, beliefs and reactions of a person.

9. Solution-focused therapy proposes that all people have knowledge on what will improve their life and require the therapist to assist them with conceptualising and to action this knowledge.

10. In Gestalt therapy the emphasis is on raising the awareness of the whole person of their actions, thoughts and feelings of the moment rather than on what was, could be or should be.

11. Constructivism proposes that people construct their reality through perception of their life experiences.

12. As a professional counsellor you will need to keep records of information to guide self-development and formal learning activities that you have undertaken and plan to undertake.
Topic 2
In this topic you will learn how to:

2A Identify and analyse the impact of modelling influences in a client’s environment to facilitate client change

2B Analyse individual responses to similar modelling and reinforcement

2C Analyse the effects of environmental differences and dysfunctional environments

Analyse behavioural outcomes of different modelling and reinforcement influences

The different theoretical concepts of learning have varied perspectives and focuses. Some theories are suited to and appropriate for specific behaviours while others may have a broader application and look at the individual as a whole, including emotions and cognitive processes. After the relationship has been established with the person and the problem is fully explored the counsellor then needs to analyse all the information collected. The analytical phase focuses on identifying factors that shape and influence behaviour, and using critical thinking skills to identify environmental factors and motivating influences to achieve the desired behaviour. It is important to understand the theories, in addition to their practical application.
<table>
<thead>
<tr>
<th>Stage of Life</th>
<th>Characteristics</th>
</tr>
</thead>
</table>
| **Childhood** | - Play begins to occur with others rather than simply engaging in own tasks alongside another child.  
- Play occurs with a wider range of people.  
- Experiences are less controlled by adults.  
- Experiences occur in a wider range of settings.  
- The individual begins to see themselves as a participant in a variety of settings and situations.  
- Interactions should encourage choices, a wider social network and a focus on developing early friendships and social interaction with peers. |
| **Adolescence** | - Greater influence of peer group.  
- Tendency to take risks and experiment with behaviours.  
- Individual is focused on themselves and their role in the world.  
- Friendship groups are formed based on similar views, ways of expression and interests.  
- The influence of family decreases, but there is still a need for boundaries, rules and parenting by negotiation.  
- Interactions should involve the client in planning activities, having a say in what happens around them and promoting independence. |
| **Adulthood** | - There is a often strong set of moral beliefs.  
- Wide social networks can be drawn from people known through work, family, social and sporting activities.  
- Multiple roles may be taken in life; for example, parent, worker, friend and partner.  
- Time needs to be balanced across multiple responsibilities and roles.  
- Interactions should focus on providing relevant and realistic choices and support to suit the current needs of the client. |
| **Maturity (old age)** | - There is an increased risk of social isolation and decreased contact with other people in social situations.  
- Greater time is available for own activities.  
- There is an increase in the possibility of a partner’s death and decreased contact with other family members.  
- Roles taken in life may be reduced; for example, the client may no longer have work or parenting roles.  
- Interactions should support the client at times of significant or changing need, and be respectful to the particular needs of the client. |
Anxiety from consequences

Some people are highly motivated to change their behaviour and others are ambivalent or unwilling to do so. These people may not recognise they have a problem and have poor insight into their issue/s or what they have done or are doing. This may be the case with people who are required to participate in counselling due to a mandatory requirement imposed by a court; for example, they may have alcohol and other drugs (AOD) issues or it may be an issue regarding gambling. Some people agree to counselling because they have to, not because they identify an issue that they need help and support to understand.

Mandatory attendance at a counselling service can also cause anxieties because there are consequences resulting from the counselling process. If a report or recommendation needs to be made as a result of the counselling process, the person may feel pressure about what will be contained in the report. The consequences of the counselling report could have serious ramifications for children, employment or criminal records resulting in a return to court.

Interpret information

Analysing or interpreting information involves using critical thinking skills to break down and recombine information in different ways.

Interpreting information may include:

► skimming the information
► identifying themes in the information
► recognising any information that is biased or omitted
► determining the accuracy and relevance of the information
► checking to see if the information source is reliable.

Critical thinking

Critical thinking is a process for reasoning. It involves weighing up different sides of an argument, using logic to determine the merit of the argument and then drawing a conclusion. The conclusion should be based on facts rather than guesswork or speculation. Using critical thinking skills in research can provide a range of solutions appropriate to the situation.

In order to demonstrate critical thinking, you need to develop skills in:

► interpreting and understanding the importance of the information
► breaking down information
► creating a logical argument
► evaluating the credibility and worth of the position or argument.
3. Learning initiative versus guilt (purpose)

This third psychosocial crisis occurs during what Erikson calls the ‘play age,’ from about three and a half years onwards. During this time, the developing child learns to:

- imagine, to broaden their skills through active play of all sorts, including fantasy
- cooperate with others
- lead as well as follow.

Children who fail to develop these skills will feel a sense of guilt, be fearful, hang on the fringes of groups, continue to depend on adults and will be restricted both in the development of play skills and in imagination.

Highlighted throughout these stages is the need for direct and indirect positive influences from the child’s social environment to promote progression to the next stage. These influences are the family, peers and the community. For children to see themselves as competent, and to have this competence increased, they look to and seek verification from people who are important to them.

John Bowlby

The earliest form of attachment is with primary carers; as children are exposed to new environments; for example, childcare, new attachments are formed. When educators respond to children in a way that acknowledges and values the child, this assists the child to form new attachments.

These new attachments, which are emotional bonds, form the child’s new security base. The child knows that they can turn to a new person for support and share their developing independence with them. The morning ‘Hello’, the use of the child’s name, a cuddle when in distress and celebrating their accomplishments and attempts at new things let the child know that the educator is responsive to their needs, dependable, supportive and accessible. Likewise, the child will turn to the educator when in distress and may show signs of distress when separated from the educator.

These relationships are very important for children who are moving into new environments such as a childcare centre. Their current security base is within their immediate family; having a new ‘friend’ at a care centre provides much-needed support for the transition between home and the centre.

Children who have a secure attachment are more likely to develop further relationships and social skills more easily, as they are confident in their learning and are able to enjoy and feel relaxed in the new environment.

Rudolph Schaffer and Peggy Emerson

Schaffer and Emerson (1964) examined attachment according to the babies’ age and found the following:

- 0–6 weeks – Asocial; no discrimination by the infant
- 6 weeks–7 months – Respond equally to any caregivers but are more comforted when attended to by a regular caregiver
- 7–9 months – Special preference for a single attachment figure; start to exhibit separation anxiety and stranger fear
- 10 months onwards – Becomes more independent and starts to form multiple attachments

They found that responsiveness was the key to attachment, with play and communication the most important factors.
Control
Parents exert rigid control over the children in the family. There is no flexibility regarding the rules. This can cause the child to become incapable of decision-making.

Social problems
Children may have social problems such as:
- withdrawal and loneliness
- loss of confidence
- learning problems
- anxiety and depression
- alcohol and drug abuse
- self-harming
- criminal behaviour such as theft.

Discipline problems
- Selfishness
- Defiance
- Unstable behaviour
- Recklessness
- Violent behaviour
- Disruptive behaviour

Educational problems
- Bullying
- Disruptive behaviour
- Decreased learning ability
- Poor academic results
In order to set the goals the following information is required.

<table>
<thead>
<tr>
<th>Information needed to set goals</th>
</tr>
</thead>
<tbody>
<tr>
<td>What is the problem or the behaviour?</td>
</tr>
<tr>
<td>How severe is the problem for the person?</td>
</tr>
<tr>
<td>What triggers the problem or behaviour?</td>
</tr>
<tr>
<td>What thoughts or feelings does the person have when exhibiting the problem behaviour?</td>
</tr>
<tr>
<td>Who else is involved in the problem behaviour?</td>
</tr>
<tr>
<td>What is the person’s relationship with the others involved in the problem behaviour?</td>
</tr>
</tbody>
</table>

**Goals**

Clarifying goals may require that they are prioritised and divided into those goals that the person can work towards in the short term, and those that are more long-term. With clear priorities the person is more likely to be motivated to work towards achieving their goals. When goals are clearly stated, and priority decisions made, both the counsellor and the person have a better understanding of what is to be accomplished. It is also a good way to recognise progress through the achievement of goals.

Goals can be set using the following acronym.

- **S**pecific: Target and clearly define a specific area that you want to improve.
- **M**easurable: Suggest an indicator of progress; quantify if possible. Determine how you will know the goal has been achieved.
- **A**ttainable: Agree what the goals should be and keep them achievable in the time frame.
- **R**ealistic: Identify what results can realistically be achieved given the available resources, knowledge and time.
- **T**ime framed: Specify when the result can be achieved; make sure there is enough time to achieve the goal, but not too much time.
Apply stimulus and response techniques in counselling practice

When endeavouring to change behaviour, it is necessary to work in a consistent and structured way and focus on providing a common message about what appropriate behaviour is. There are several different strategies that may be considered under this approach – differential reinforcement strategies, stimulus control and instructional control – that can be used separately or together. The important thing is that they are applied consistently.

Applied behaviour analysis

The use of reinforcement and punishment for behaviours is called applied behaviour analysis. It aims to change a person’s behaviour (response) to a stimulus. It is the application of either positive or negative reinforcement or punishment to assist a person to employ more positive behaviours or to eliminate an unwanted behaviour. The behaviour is systematically reinforced by applying interventions either before or after a specific behaviour that a person exhibits.

For it to be effective, the following conditions must be met:

- The behaviour involved in the procedure is significant to the person.
- The functional relationship between the behaviour and the environmental variables is identified.
- The behaviour is a target of modification.
- The change is significant to the person and is able to be generalised and maintained.
- The procedure can be replicated.
Here is more information on the two types of punishment that can be utilised.

**Positive punishment**

Positive punishment is when an unwanted stimulus is used after an unwanted behaviour occurs.

Examples:
- Teacher scolds a child for not raising their hand before answering a class question.
- Parent scolds a child for not putting their shoes away in the correct place.
- A worker receives a verbal warning after reporting for work late.

**Negative punishment**

Negative punishment involves removal of a desirable stimulus after the occurrence of an unwanted behaviour.

Examples:
- A person’s driver’s licence is removed after they have been caught drink driving.
- A person’s pay is deducted due to their late arrival at work.
- A person’s library privileges are revoked after not returning overdue books.

**Apply stimulus and response techniques in counselling practice**

Sam and his client, William, have developed a behavioural management plan and put strategies in place to help stop William being disruptive in his group craft sessions. The strategies include time out and raising his hand and waiting his turn for the instructor to come around to him. Over four weeks, Sam and the staff monitor these strategies to see if they have resulted in the desired behaviour. William’s positive results are recorded on a wall chart with stars to show when his behaviour has been appropriate.
Conditions and behavioural therapy

Behavioural therapy is now used as a component of the counselling therapy rather than the total approach.

Conditions that may be treated with behavioural therapy include the following.

### Anxiety disorders

Examples:
- Generalised anxiety disorder
- Social phobia
- Specific phobias
- Obsessive compulsive disorder
- Post-traumatic stress disorder
- Panic disorder

You can read more about these disorders at:

### Sexual disorders

Examples:
- Male erectile disorder
- Female sexual dysfunction
- Paraphilia
- Gender identity disorder

You can find more information at:

### Depression

Examples:
- Major depression
- Melancholia
- Psychotic depression
- Antenatal and postnatal depression
- Bipolar disorder
- Cyclothymic disorder
- Dysthymic disorder
- Seasonal affective disorder (SAD)

You can read more about these disorders at:
Making suggestions
When suggesting the correct way of doing things:
- get the person’s attention
- use a calm voice
- demonstrate as well as explain
- do not belittle or make fun of their efforts
- be gentle and non-directive; for example, ‘Sometimes people try doing it like this’.

Acknowledging success
When acknowledging success:
- praise the person and celebrate their success
- organise rewards and incentives; choose something that is important to the individual, such as a system of stars or stickers that others can see.

You can also suggest that it is important for them to reward themselves, and facilitate them in identifying how and when they will do this.

Constructive feedback
Here are two tips about how constructive feedback should be given.

As soon as possible after the event
- Constructive feedback tells people what they are doing well and what they could possibly improve upon. This feedback should be given as soon as possible after the event so that it is fresh in everyone’s mind.

Appropriate to the person’s age and level of development
- Constructive feedback must be provided in a format and language appropriate to the person’s age and level of development and help them see there are possibly ways of doing something better. The closer to the event the person receives feedback, the more effective it will be.

Use motivational rewards
Not all people undertaking counselling for behaviour modification will achieve the higher levels of motivation. Concepts of self-expression and self-actualisation may not eventuate for all people, except in exceptional circumstances. Often the use of an extrinsic method of reward will be initially motivating but it is necessary to ensure that a person maintains their motivation and the reinforcement may need to be altered as the person progresses through the therapy. Intrinsic motivators may be more rewarding for some people.