

Behavior Therapy: Rewire Your Mind for Positive Change

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Behavior therapy, or behavior therapy (behavior modification) is an approach to psychotherapy based on learning theory which aims to treat psychopathology through techniques designed to reinforce desired and eliminate undesired behaviors.

History

Precursors of certain fundamental aspects of behavior therapy have been identified in various ancient philosophical traditions, particularly Stoicism. For example, Wolpe and Lazarus wrote,

While the modern behavior therapist deliberately applies principles of learning to this therapeutic operations, empirical behavior therapy is probably as old as civilization - if we consider civilization as having begun when man first did things to further the well-being of other men. From the time that this became a feature of human life there must have been occasions when a man complained of his ills to another who advised or persuaded him of a course of action. In a broad sense, this could be called behavior therapy whenever the behavior itself was conceived as the therapeutic agent. Ancient writings contain innumerable behavioral prescriptions that accord with this broad conception of behavior therapy.

Possibly the first occurrence of the term "behavior therapy" was in a 1953 research project by B.F. Skinner, Ogden Lindsley, Nathan H. Azrin and Harry C. Solomon. Other early pioneers in behavior therapy include Joseph Wolpe and Hans Eysenck.

In general, behavior therapy is seen as having three distinct points of origin: South Africa (Wolpe's group), The United States (Skinner), and the United Kingdom (Rachman and Eysenck). Each had its own distinct approach to viewing behavior problems. Eysenck in particular viewed behavior problems as an interplay between personality characteristics, environment, and behavior. Skinner's group in the United States took more of an operant conditioning focus. The operant focus created a functional approach to assessment and interventions focused on contingency management such as the token economy and behavioral activation. Skinner's student Ogden Lindsley is credited with forming a movement called precision teaching, which developed a particular type of graphing program called the standard celeration chart to monitor the progress of clients. Skinner became interested in the individualising of programs for improved learning in those with or without disabilities and worked with Fred S. Keller to develop programmed instruction. Programmed instruction had some clinical success in aphasia rehabilitation. Gerald Patterson used programme instruction to develop his parenting text for children with conduct problems. (see Parent Management Training). With age, respondent conditioning appears to slow but operant conditioning remains relatively stable.

While many behavior therapists remain staunchly committed to the basic operant and respondent paradigm, in the second half of the 20th century, many therapists coupled behavior therapy with

the cognitive therapy of Aaron Beck and Albert Ellis, to form cognitive behavioral therapy. In some areas the cognitive component had an additive effect (for example, evidence suggests that cognitive interventions improve the result of social phobia treatment.) but in other areas it did not enhance the treatment, which led to the pursuit of Third Generation Behavior Therapies. Third generation behavior therapy uses basic principles of operant and respondent psychology but couples them with functional analysis and a clinical formulation/case conceptualisation of verbal behavior more inline with view of the behavior analysts. Some research supports these therapies as being more effective in some cases than cognitive therapy, but overall the question is still in need of answers.

Scientific basis

Behavior therapy is based upon the principles of classical conditioning developed by Ivan Pavlov and operant conditioning developed by B.F. Skinner. There has been a good deal of confusion on how these two conditionings differ and whether the various techniques of behavior therapy have any common scientific base.

Contingency management programs are a direct product of research from operant conditioning. These programs have been highly successful with those suffering from panic disorders, anxiety disorders, and phobias.

Systematic desensitisation and exposure and response prevention both evolved from respondent conditioning and have also received considerable research.

Social skills training teaches clients skills to access reinforcers and lessen life punishment. Operant conditioning procedures in meta-analysis had the largest effect size for training social skills, followed by modelling, coaching, and social cognitive techniques in that order. Social skills training has some empirical support particularly for schizophrenia. However, with schizophrenia, behavioral programs have generally lost favour.

Applied to problem behavior

Behavior therapy based its core interventions on functional analysis. Just a few of the many problems that behavior therapy have functionally analysed include intimacy in couples relationships, forgiveness in couples, chronic pain, stress-related behavior problems of being an adult child of an alcoholic, anorexia, chronic distress, substance abuse, depression, anxiety, and obesity.

Functional analysis has even been applied to problems that therapists commonly encounter like client resistance, partially engaged clients and involuntary clients. Applications to these problems

have left clinicians with considerable tools for enhancing therapeutic effectiveness. One way to enhance therapeutic effectiveness is to use positive reinforcement or operant conditioning.

Many have argued that behavior therapy is at least as effective as drug treatment for depression, ADHD, and OCD. Considerable policy implications have been inspired by behavioral views of various forms of psychopathology. One form of behavior therapy (habit reversal training) has been found to be highly effective for treating tics.

Third generation

Of particular interest, in behavior therapy today are the areas often referred to as Third Generation Behavior Therapy. This movement has been called clinical behavior analysis because it represents a movement away from cognitivism and back toward radical behaviorism and other forms of behaviorism, in particular functional analysis and behavioral models of verbal behavior. This area includes Acceptance and Commitment Therapy (ACT), Cognitive Behavioral Analysis System of Psychotherapy (CBASP) (McCullough, 2000), behavioral activation (BA), Kohlenberg & Tsai's Functional Analytic Psychotherapy, integrative behavioral couples therapy and dialectical behavioral therapy. These approaches are squarely within the applied behavior analysis tradition of behavior therapy.

Acceptance and Commitment Therapy is probably the most well-researched of all the third generation behavior therapy models. It is based on Relational Frame Theory.

Functional Analytic Psychotherapy is based on a functional analysis of the therapeutic relationship. It places a greater emphasis on the therapeutic context and returns to the use of in session reinforcement. In general, 40 years of research supports the idea that in-session reinforcement of behavior can lead to behavioral change.

Behavioral activation emerged from a component analysis of cognitive behavior therapy. This research found no additive effect for the cognitive component. Behavioral activation is based on a matching model of reinforcement. A recent review of the research, supports the notion that the use of behavioral activation is clinically important for the treatment of depression.

Integrative behavioral couples therapy developed from dissatisfaction with traditional behavioral couples therapy. Integrative behavioral couples therapy looks to Skinner (1966) for the difference between contingency-shaped and rule-governed behavior. It couples this analysis with a thorough functional assessment of the couple's relationship. Recent efforts have used radical behavioral concepts to interpret a number of clinical phenomena including forgiveness.

Organisations

Many organisations exist for behavior therapists around the world. The World Association for Behavior Analysis offers a certification in behavior therapy . In the United States, the American Psychological Association's Division 25 is the division for behavior analysis. The Association for Contextual Behavior Therapy is another professional organisation. ACBS is home to many clinicians with specific interest in third generation behavior therapy. The Association for Behavioral and Cognitive Therapies (formerly the Association for the Advancement of Behavior Therapy) is for those with a more cognitive orientation. Internationally, most behavior therapists find a core intellectual home in the International Association for Behavior Analysis (ABAI).

Characteristics

By nature, behavioral therapies are empirical (data-driven), contextual (focused on the environment and context), functional (interested in the effect or consequence a behavior ultimately has), probabilistic (viewing behavior as statistically predictable), monistic (rejecting mind-body dualism and treating the person as a unit), and relational (analysing bidirectional interactions).