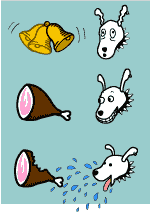
Main Assumptions:

**The Behavioural Approach to Psychopathology**



**Suggestions as to the cause of phobias**

**Classical Conditioning – acquisition of phobia**

**Describe:**

**Draw CC equation for Little Albert:**

****

**Operant Conditioning – maintenance of phobia**

**Describe:**

**Link OC to Little Albert:**

Negative reinforcement -

**POINT:** **The behavioural approach to psychopathology is \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ and its key principals can be measured in an \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ way.**

**EVIDENCE:** For example, the phobia developed by Little Albert was clear for all to see and measure, variables could be manipulated and controlled to ensure that Little Albert’s phobia development was as a result of a neutral stimulus being associated with an unconditioned response.

**EVALUATION:** This is positive because it allows concepts such as classical conditioning to be demonstrated **scientifically** and has resulted in a large amount of empirical support for behavioural therapies.

**POINT: The behavioural approach/two-process model of phobias can be criticised for being \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_:**

**EVIDENCE:** For example, the Two-Process model suggests that when an individual experiences a traumatic event and uses this event to draw an association between a neutral stimulus and an unconditioned response they will go on and develop a phobia.

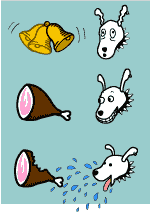
**EVALUATION:** This is a weakness because this theory of phobias suggests that we are programmed by our environmental experiences and ignores individual \_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_ (for example \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)

**POINT:** **The behavioural approach to psychopathology is \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ and its key principals can be measured in an \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ way.**

**EVIDENCE:** For example, the phobia developed by Little Albert was clear for all to see and measure, variables could be manipulated and controlled to ensure that Little Albert’s phobia development was as a result of a neutral stimulus being associated with an unconditioned response.

**EVALUATION:** This is positive because it allows concepts such as classical conditioning to be demonstrated **scientifically** and has resulted in a large amount of empirical support for behavioural therapies.

**Evaluation of the behavioural approach to explaining phobias**



**The Behavioural Approach to *treating* phobias**

**Suggestions as to the treatment of mental illness**

**Flooding**

**Systematic Desensitisation**

**How is it done (step-by-step)**

**2 key factors to its success…**

1.

2.

**Situation 5:** (most fearful)

**Situation 4:**

**Situation 3:**

**Situation 2:**

**Situation 1:**

(least fearful)

**A01**

**Evaluation of the behavioural strategies to treating phobias**

**POINT: A strength of Systematic Desensitisation is that it can be a very \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ treatment.**

**EXAMPLE:** **Barlow et al** (2002) found success rates of between 60 and 90 per cent for specific types of phobias when individuals committed to the phobias and stuck to the regime.

**EVALUATION:** ***This is positive*** because this therapy is effective at removing the symptoms of a disorder without the need for potentially damaging \_\_\_\_\_\_\_\_\_\_\_ (anti-anxiety drugs would be given within the Biological approach) which often cause many \_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (e.g. drowsiness, risk of addiction).

**POINT:** **Behavioural therapies such as SD and Flooding raise major \_\_\_\_\_\_\_\_\_\_\_\_\_\_ issues.**

**EXAMPLE:** For example, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**EVALUATION:** ***This is a weakness*** because clients may not stay in therapy and may actually leave the therapeutic situation in a worse state than when they began due to the potential for high levels of distress.

**POINT:** **Behavioural techniques are not effective for more complex phobias**

**EXAMPLE:** **Ohman et al (1975)** suggested SD might not be effective in treating anxieties that have an underlying survival component e.g. fear of heights/snakes.

**EVALUATION:** ***This is a problem*** because by only focussing on the removal of symptoms (as the behavioural therapists do) rather than in identifying the underlying cause (as Biological and Cognitive therapists do), a disorder may only be removed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ and may reoccur at a later date ~ often even worse than before (this is called **symptom substitution** – e.g., a dog phobia may be replaced with a fear of going out of the house).