**Behaviour Modification: What it is and how to do it.**

Dr Arpita kackar, Assistant Professor,

Harshita Sharma, M.A. Student,

Department of Psychology

JNVU JODHPUR

Abstract

Behaviour Modification is a psychotherapeutic intervention primarily used to eliminate or reduce maladaptive behavior in children or adults. This technique focuses on changing specific behaviour with a little consideration of a person's thoughts or feelings. The progress and outcome of the intervention can be measured and evaluated.The research paper is intended to reflect the depth and breadth of the entire field of behaviour modification in a manner that is friendly and unitimidating. Behaviour Modification encompasses both applied behaviour analysis and cognitive/ behaviour therapy. More than that however, it also embraces the positive ways in which all of us influence the behaviour of others.
Key words: Behaviour Modification, behaviour analysis, behaviour therapy.

Introduction:
As it's stated, human behaviour is the mirror in whicheveryone reflect their image.There are four factors that influence the behavior of human beings namely, biological factors-age and sex, biosocial factors- how people interact and communicate witheach other, cultural factors-regards to the culture they belong to,and the situational factors- the environmental challenges they face. Interpersonal relationships strongly influences individual's behavior and people usually learn to thrive to a situation by observing other people. Behaviour is also influenced by both the genes we inherit and theenvironment in which we live.
Behavior modificationlso known as "behavior management", is a treatment/therapeutic approach which is designed to change a particular undesirable negative behavior.By practicing a system of positive or negative consequences, an individual apprentice the correct set of responses for any given stimulus. i.e. focusing on changing one's behavior, with the goal of altering/replacing undesirable behavior with an acceptable one, eg-enuresis (bedwetting), general anxiety, phobias, obsessive-compulsive disorder (OCD), etc. This method is built on the toils of B.F. Skinner, an eminent psychologist also known as the father of behavior modification who flourished the 'operant conditioning theory', which points out that behavior can be modified by consequences and through reinforcement.There also was untimely work conducted by I. Pavlov, who studied how different experiences get associated with certain behavioral responses. There are several other names associated with behavior modification but Skinner and Pavlov are the most prominent one. Therefore, behavior modification can be described as "the alteration of behavior patterns through the use of learning techniques.

Behavior modification relies on the concept of conditioning. Conditioning is a form of learning. There are two major types of conditioning; classical conditioning and operant conditioning. The application of this term was mentioned by Edward Thorndike in his article Provisional Laws of Acquired Behavior or Learning with frequent use of the term "modifying behavior. Since then it's used mainly applying techniques for increasing adaptive behavior through reinforcement and decreasing maladaptive behavior through extinction or punishment.

Behavior modification relies on various techniques:

- Positive Reinforcement: Positive reinforcement occurs when a desirable event or stimulus is presented as a consequence of a behavior i.e. pairing a positive stimulus to a behavior.Pairing a click with a good behavior, then rewarding with a treat, is positive reinforcement.
- Negative Reinforcement:Negative reinforcement is the opposite and is the pairing of a behavior to the removal of a negative stimulus.
- Punishment: a form of behavior modification that discourages the unwanted act by application of an unpleasant stimulus in reaction to the behavior.designed to weaken behaviors by pairing an unpleasant stimulus to a behavior
- Extinction: A powerful tool which helps in removal of all reinforcements that might be associated with a maladaptive behavior.
- Flooding: involves rapidly and intensely exposing people to fear-invoking objects or situations.
- Aversion therapy: Pairing of an unpleasant stimulus with a maladaptive behavior in order to eliminate that behavior.
- Shaping:The form of an existing response is swiftly changed across consecutive trials towards a desired target behavior by reinforcing exact fragment of behavior.
- Modeling: This approach evoke teaching an individual to mimic a certain behavior.
- Cueing:reminisces a person to perform a certain action at a given time.
- Substitution: When a current reinforcer no longer cues the desired behavior, a substitution may appear in which a new reinforcer is presented.
- Satiation: letting a person exhaust of performing an undesired behavior.
- Avoidance: teaching a person to avoid a certain unpleasant situation.
- Fear reduction: is considered as a very helpful managing technique for phobias. In this the person is cumulatively exposed to a stimulus that induces fear at first and gradually enabling the individual to grow comfort or be more relaxed in the presence of the once-feared stimulus.

Application of behavior modification:

Behavior modification can be a constructive technique that can be used in parenting, helping children or adults in managing their behavior due to attention deficit disorder, autism or oppositional defiant disorder. Additionally, this method can be used to develop the desired

behaviors in any individual. As it is used very successfully in weight management and smoking abandonment programs. It can also be employed to increase the productivity within any organizations and businesses. It also employs several behavioral plan for children (to help them motivating the use of their more appropriate behaviors), schedule modifications to help eliminating the triggers for problematic behaviors or employing self-rewards where a person gives themselves something positive when they engage in desired/expected behavior.Researchers on behavior modification broadcasts that behaviors follow some basic guidelinescentralizing on changing an individual's environment in ways that increase the subsistence that certain behaviors will occur.

**Review of literature:**

A research was conducted by Wynd and Christine A.(2019) on 'The Use of Guided Imagery to Enhance Power for Smoking Behavior Change'. A sample of 84 adult smokers was selected participating in any of the one conditions (a) guided power imagery, (b) relaxation imagery, and (c) no-treatment control. Results indicated that guided power imagery was more impactful than relaxation imagery for boosting the power scores. But findings also suggested that, both the imagery treatments were equally effective in minimizing smoking rates and strengthening smoking behavior change.

 Another research was conducted by Charlotte E.Wittekind, EvelyneReibert, KeisukeTakano, et.al.,(2018) on 'Approach-avoidance modification as an add-on in smoking cessation: A randomized-controlled study'.A sample of 105 adult smokers was gathered. Participants were assessed after the intervention and 6 months later. The results demonstrated that the participants receiving Treatment asusual combined with Approach Avoidance Modification Technique did not show a remarkably considerable reduction of daily cigarette consumption at follow-up as compared to Treatment As Usual combined with Sham training. Employing an implicit Approach-Avoidance modification technique as an add-on to treatment as usual did not improve clinical outcome.

Similar findings were discovered in a research conducted byJessica L. Paterson, Amy C. Reynolds, et.al.,(2017) on 'Barriers and Enablers to Modifying Sleep Behavior in Adolescents and Young Adults: A Qualitative Investigation'. A sample of 57 young adults was administered. The results demonstrated that the participants were willing to modify their sleep behavior, and had formerly employed strategies including promote bedtime and minimizing phone use, with restricted success. Barriers to these changes involved time demands, technology use, difficulty switching off the cellphones, and erratic habits. Prominently, participants wanted more adequate and better quality of sleep, rather than maximizing their sleep duration. A research governed by Concepción Fernández-Rodríguez, Erica Villoria-Fernández, et.al.(2017) on 'Effects of Behavioral Activation on the Quality of Life and Emotional State of Lung Cancer and Breast Cancer Patients During Chemotherapy Treatment'. A sample (both lung and breast cancer patients) of 83 patients as experimental group and 75 patients control group was selected. The results indicated that the effectiveness of Behavioral activation as a practical

intervention can assist in strengthening cancer patients to maintain gratifying activities which can energize their sources of day-to-day reinforcement and alter their experience avoidance patterns. Similar research was conducted by Deirdre A. Conroy, Alison M. Czopp,et.al.,(2017) on 'Modified Cognitive Behavioral Therapy for Insomnia in Depressed Adolescents'. With a sample of 16 adolescents using Quick Inventory of Depressive Symptomatology (QIDS), and Multidimensional Fatigue Inventory (MFI), Insomnia Severity Index (ISI) and daily sleep diaries was computed. The comparative pre and post treatment results revealed that there was decrease in sleep onset. It further highlighted that Insomnia Severity Index, QIDS, and MFI improved across treatment. Daily sleep diaries revealed decline in wake during the night, enlarged sleep time, and boost in the quality of sleep of the participants. Another significant research conducted byMarilisa Boffo, Reinout W. Wiers, et.al.,(2019) on 'Cognitive Bias Modification for Behavior Change in Alcohol and Smoking Addiction'. 14 studies were carried out taking a sample of 2435 participants. the results indicated that the CBM had a minor effect on cognitive bias and relapse, but not on depletion of substance use. Boosting training practice showed a contradictory moderation effect on relapse, with a relatively lesser chance of relapse in the control condition with growing practice as compared to the training condition.

**Discussion**:

Problematicbehaviour are a cluster ohbehaviours characterized by non-compliance, aggressive behaviour and refusal to obey adults and ignoring instructions, lying off task and out of seat behaviour, which are in violation to societal and familial rules. A persistent pattern of result in significant clinical impairment as in social skills, academics and occupational functioning. Behaviour Modification is one of the tools for managing inappropriate or undesirable behaviour that are observable, desirable and measurable. Operant Conditioning is the fundamental principle for the modification strategies. Nemeroff and Karoly described that varied range of childhood behaviour problems are successfully treated with operant conditioning. Basis of operant conditioning is Law of Effect formulated by Edward Thorndike, which states that behaviour is followed by consequences satisfying to the organism will be repeated and behaviour that is followed by unpleasant consequences will be discouraged. Reinforcers can be the best consequences, which are of various types such as attention, feedback, token, auditory and visual stimulus. Foxx(1972) said that attention is an extremely powerful reinforcer used in variety of behaviour modification to teach skill behaviour. Alter et.al. (2008) stated that tokens are symbolic and conditioned rewards to represent the actual reinforcement. Tokens motivate the people to decrease their problem behaviour. In some cases visual reinforcements are given verbal praise add to increase the confidence and self image of children and encourage acting in right manner. Behaviour modification can greatly help parents, teachers and children to learn specific techniques and skills from an educator knowing the approach, that will help improve the children's behaviour. Thusbehaviour modification strategies are effective techniques to reduce problematic behaviour.

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