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Wolpe systematic desensitization

IntroductionThroughout the United States, an estimated 9.1% or about 19 million people are affected by a specific phobia (“Phobia,” 2018). Phobias are an anxiety disorder that can be debilitating to the people they affect. Joseph Wolpe was a psychologist who helped create the method of systematic desensitization that deals with treating the symptoms of phobias; however, his treatment plan is not always effective. Without the work of Joseph Wolpe, many advances in the behavioral health field would not have happened. Who is Joseph Wolpe? Joseph Wolpe was a psychologist who helped develop a treatment for phobias and anxiety disorders called systematic desensitization (Ankrom, 2018). He was born in 1915 in South Africa and died in 1997. During World War II, Wolpe served in the South African Army. During this time is when he started working with soldiers who were suffering from Post-Traumatic Stress Disorder (PTSD). He developed his techniques after drug therapy was generally unsuccessful. After he serving in the Army, he went on to attend Witwatersrand University where he obtained his Medical Doctorate. In 1958, he published the work he had done with the patients in the Army. His publication was called Psychotherapy by Reciprocal Inhibition. Although he had the evidence to back up his claims, the psychiatric community was skeptical to believe his findings. Wolpe’s work is considered a valuable contribution to reducing the suffering of many people and bringing those people closer to their ideal of a happy and successful life (“Joseph Wolpe,” 2018). His work provided the basis that modern behavior therapy stands upon. Throughout the course of his career, Joseph Wolpe held many honorable positions, such as a professor of psychiatry at Temple University Medical School, the director of the behavior therapy unit at Eastern Pennsylvania Psychiatric Institute, and the second president of the Association for the Advancement of Behavior Therapy. Below, is a picture of Joseph Wolpe, the pioneering behavioral psychologist. This image of Joseph Wolpe is from news.usc.edu What did he do and why is he important? While attending Witwatersrand University, Wolpe experimented with cats to try and get them to learn and unlearn certain behaviors. This was to prove that behavior was learned and was not reliant on the unconscious or past experiences. He used Pavlov’s classical conditioning method that would pair unpleasant stimulus with sounds to condition the cat to react to the sound with fear. Once the cats would react with fear, he would start pairing the sounds with a pleasant stimulus to condition the cats to react to the sounds with happy feelings. This would eventually lead the cats to be unafraid of the sounds (“Joseph Wolpe,” 2018). This is also where he started delving deeper into phobias and anxiety disorders specifically and started to coin the term of systematic desensitization. Wolpe also developed SUDS, this stands for Subjective Units of Distress Scale. It is used to assess the level of psychological discomfort from zero to ten in patients throughout the course of treatment. SUDS has been used in other psychotherapeutic techniques, such as Eye Movement Desensitization and Reprocessing, Trauma-Focused Therapy, and Emotional Freedom Techniques. This scale has helped psychologists and psychiatrists help understand how their patients are feeling for over 40 years. What are phobias and why are they a problem? A phobia is a persistent, excessive, unrealistic fear of an object, person, animal, activity, or situation (“Phobia,” 2018). Phobias are a type of anxiety disorder, but they differ from generalized anxiety disorders in that there is a specific stimulus that sets off the reaction. A person with a phobia will try and avoid the stimulus that triggers the fear, if they must endure it, it will cause great amounts of anxiety. Simple animal phobias may have their onset by age 8, whereas, other phobias commonly begin between the ages of 18 and 35 (Goisman, 1983). Phobias may be avoidable and have little effect on a person’s life, but some inhibit people from performing daily tasks that are necessary for functionality. Social phobia is a fear of strangers, this type of phobia can stop people from leaving their house which can inhibit the performance of daily tasks, such as, going shopping, walking your dog, and many more. Some phobias are extremely specific, whereas, others affect people in a wider variety of places or situations. Linked below is a video from youtube.com that helps explain what a phobia is and some other treatments for phobias. What is systematic desensitization? Systematic desensitization is a behavioral technique based on classical conditioning in which exposure to an anxiety-producing stimulus is paired with deep relaxation to extinguish the response of anxiety (Feldman, 2017). It is used to treat a type of anxiety disorder known as a phobia. Anxiety disorders are the occurrence of anxiety without an obvious external cause that affects daily functioning (Feldman, 2017). Phobias are different because they have an obvious external cause. This technique aims to remove the fear response of a phobia and replace it with a relaxation response. The goal is to gradually desensitize yourself to the triggers that are causing the anxiety to form. Linked below is a video from youtube.com that helps explain in-depth of what systematic desensitization is and how it works. How does it work and what is it used for? The process of systematic desensitization starts with the patient learning deep muscle relaxation techniques and breathing exercises. Next, the patient creates a fear hierarchy starting from the least unpleasant stimulus and working their way up to the most unpleasant stimulus. The patient must define the level one scary and work their way up to the level 10 scary. The patient and psychologist must then rank all the points between (Duburg, 2011). The patient will then repeatedly imagine the situation until it fails to make them feel anxious. This is also known as an in vitro technique. In vitro is imagining exposure to reduce anxiety towards a phobic stimulus. Once the patient is able to imagine all the fear hierarchy situations and feels no anxiety, they will move to confront the fear in real circumstances. This is called in vivo, which is the client using the relaxation techniques learned to reduce anxiety when presented with the phobic stimulus. Both in vitro and in vivo are often used together to treat phobias alongside systematic desensitization (McLeod, 2015). Treatment is considered effective once the patient is able to successfully able to confront the situation that caused them anxiety prior. This article has a fear hierarchy in it to help see what one should look like, it also contains an image graph that shows the different steps of systematic desensitization. Joseph Wolpe was able to successfully use this technique when treating an 18-year-old male who had a compulsion of handwashing. The patient’s disorder stemmed from a fear of contamination from urine. After using the restroom, the patient would spend hours washing his hands, genitalia, and body. Wolpe’s treatment plan consisted of using relaxation techniques and asking the patient to imagine situations that provoked a low level of anxiety. He then started to work his way up the fear hierarchy with the patient while simultaneously placing a bottle of urine at a distance from the patient and gradually moving it closer to the patient. At the end of treatment, Wolpe was able to place diluted drops of urine on the back of the patient’s hand without causing anxiety (McLeod, 2015). Below is an example of using the technique of systematic desensitization. This helps to show how to use the steps. This is an image of how to use systematic desensitization from counsellingconnection.com Problems with the use of systematic desensitization. A major problem with the use of systematic desensitization is that it is based on the idea that behavior is learned, whereas, the biological approach would say that we are born with behavior and that it must be treated medically instead of through therapy. Cognitions and emotions are the motivators of behavior and so the treatment is only dealing with symptoms and not the causes of the behavior. Systematic desensitization is a slow process, but it allows the patient to control the steps they must take until the phobia is overcome. This gives the patient motivation which makes it less likely for them to abandon treatment. Another weakness of the use of systematic desensitization is that it is not effective in treating serious mental issues as it only treats the symptoms and not the causes of the phobia. The only weakness of the in vitro technique is that it relies on the client’s ability to vividly imagine the fearful situation, as some people are less able to do this, it would make the treatment unsuccessful (McLeod, 2015). Conclusion Joseph Wolpe’s work on systematic desensitization revolutionized the way that we treat and think about phobias. Without the work that he had done, we still may not have an effective treatment for phobias and anxiety disorders. Phobias can greatly affect a person’s life. Joseph Wolpe’s work may not be completely solid, but his work has continued to be effective in the treatment of phobias. Throughout the course of his life, Wolpe faced skepticism towards his work. He continued to progress his studies and has now been named one of the most progressive behavioral psychologists to have lived. Even if his ways of study were controversial, they were for the betterment of the behavioral therapy world. References Ankrom S. (2018, September 9). Systematic Desensitization for Panic Disorders. Retrieved from G. (2011, November). Part 12. Systematic desensitization. Retrieved from R. S. (2017). The Major Psychological Disorders. Introduction to Psychology 1810 (pp. 437–463). McGraw-Hill Education LLC. Feldman R. S. (2017). Treatment of Psychological Disorders. Introduction to Psychology 1810 (pp. 465–494). McGraw-Hill Education LLC. Goisman M. R. (1983). Therapeutic Approaches to Phobia: A Comparison. Retrieved from Wolpe (2018, June 8). Retrieved from S. (2015). Systematic Desensitization. Retrieved from (2016, March 2). Phobias — specific phobias, agoraphobia, & social phobia [Video File]. Retrieved from (2018). Retrieved from Psychology (2018, February 26). How to Get Rid of ANY Fear — Systematic Desensitization Explained [Video File]. Retrieved from M. (1998, September 7). USC House of Archives of Behavior Therapy Pioneer. Retrieved from Steps in Behaviour Therapy (2010, July 5). Retrieved from In 1961, Dr. Joseph Wolpe published an article titled: The systematic desensitization treatment of neuroses. His findings changed the way counselors and therapists now help patients with anxiety disorders, or neuroses. Credit: The process of systematic desensitization begins with relaxation training, where the therapist/counselor will train the patient on how to relax their body. Next, the patient and therapist will create a hierarchy of fear/anxiety. For example, if someone has a strong phobia of heights, their hierarchy of anxiety may first begin with something that produces a small amount of fear, like thinking about someone else walking on a bridge. The hierarchy continues until you get to the thing the patient would fear most. In this example, it may be imagining themselves standing on a tall building looking down. After the hierarchy is complete, systematic desensitization can begin. First, the patient reaches a state of relaxation. Then, the therapist will guide the patient through their hierarchy with imagination. All the while, the patient is encouraged to stay relaxed, while they are imagining their fears. Credit: While this method of counseling is effective, it does not always help every patient. It is important to note that there are many methods of therapy, and the solution is not one method fits all. Every individual is unique, so their therapy must be unique as well. To learn more, check out these links: Constructing a good hierarchy is very important since it provides the framework for approaching the problem. Time and care must be devoted to it. As was stated above, the hierarchy is a list of the situations related to your target behavior which you react to with graded amounts of anxiety. Such a hierarchy is constructed in three steps. Now, please get a pencil and some paper and follow the instructions closely. 1. Write down as many situations as you can think of in which the problem occurs. If you are nervous with strangers or members of the opposite sex, for instance, write down these specific situations in which you experience difficulty. Write down all you can think of. Your list will include some situations which are worse than others. Some will be very frightening, some hardly frightening at all, and some in between. 2. Make a list of some of the VARIABLES that affect your anxiety level. This can increase your insight into the causes of your anxiety and make it easier to create a good hierarchy. a) Examples of variables affecting the amount of anxiety in presenting a speech to a class: class size; length of speech; amount of preparation; importance of speech; how critical instructor is; length of time before the speech (week before, night before, walking to classroom, being called upon to give speech, etc.); how personal the speech is; degree to which others will disagree with it; etc. b) Other common variables affecting anxiety levels: amount of rejection expected; sex of other person; attractiveness of other person; difficulty of test; etc. c) Look at some of the sample hierarchies and identify variables affecting the amount of anxiety in them. Of course each person is unique, but there are often similarities between hierarchies. 1. Now arrange these items in order from the least upsetting to the most upsetting by thinking about each one and imagining just how bad it would be to be in that situation. 2. Now build your final hierarchy. Most people include about 10-20 items (you may have more) beginning with items so mild that they are practically non-frightening. You might have to invent some very mild items such as having someone say the word Agirl@ (for guys who are afraid of Agirls@), or looking at the picture of a professor (for people who are afraid of those with high status), etc. The ten to twenty items should be chosen so as to contain very small jumps in severity from one item to the next, so that when you have finished an item you don’t have a very much harder item just in front of you. The final items, of course, should be the most severe items from the original list. This ranked list of anxiety evoking items constitutes the hierarchy that you will use in your treatment. Modifications additions, combining of items, and further breaking-down of items on the hierarchy may be made at any time during the desensitization therapy. Most people=s hierarchies require some modification as desensitization. Sample Hierarchies To aid you in constructing your hierarchy, we have included five sample hierarchies below. Studying these hierarchies will give you a good idea of how they are constructed and should help you construct yours. These are, however, samples only to show you the form. You must construct your own hierarchy which applies to your specific case. Hierarchy #1 Target Behavior: Anxiety when interacting with members of the opposite sex. 1. Being with a member of the opposite sex who is a member of my family. 2. Being with a member of the opposite sex I know very well, who is not a member of my family. 3. Seeing a member of the opposite sex I know fairly well. 4. Smiling at a member of the opposite sex I know fairly well. 5. Talking to a member of the opposite sex I know fairly well. 6. Seeing a member of the opposite sex I know slightly or not at all on campus. 7. Smiling at a member of the opposite sex I know slightly or not at all. 8. Saying hello to a member of the opposite sex I know slightly or not at all. 9. Meeting a very attractive member of the opposite sex for the first time. 10. Talking on the phone a short time with a member of the opposite sex. 11. Talking on the phone a short time with a member of the opposite sex. 12. Talking in person for a short time with a member of the opposite sex. 13. Talking for a long time (e.g., one hour) with a member of the opposite sex. 14. Asking out or being asked out by an attractive member of the opposite sex. 15. Being on a date with a very attractive member of the opposite sex. Hierarchy #2 Target Behavior: Anxiety when interacting with my boss. 1. At home the night before I go to work, thinking about my boss. 2. Driving to work, thinking about my boss. 3. Walking into the building, thinking about my boss. 4. Entering the office or the room where I work. 5. Greeting and talking to those I work with about the boss. 6. Seeing the boss from afar. 7. Passing the boss. 8. Smiling at the boss. 9. Saying hello to the boss and exchanging greetings. 10. Asking the boss a short question about my job. 11. Asking the boss a more detailed question. 12. Listening to the boss give instructions and then performing them. 13. Talking with the boss on a more personal level. 14. Listening to the boss evaluate my work. 15. Talking to and taking an order from the boss when he=s very rushed or brusque-acting. Hierarchy #3 Target Behavior: Anxiety when interacting with strangers or those I don=t know very well. 1. Seeing a stranger from a distance. 2. Walking through a group of strangers. 3. Seeing a stranger walking towards me. 4. Passing a stranger. 5. Looking at a passing stranger who is also looking at me. 6. Smiling or nodding to a stranger I=ve often passed. 7. Being spoken to by someone who sits near me in class. 8. Talking to a class member I don=t really know about the course material in a small classroom discussion. 9. Being approached by and talking to someone in my class. 10. Being approached by and talking on a more personal level with someone I know slightly. 11. Meeting two or three strangers. 12. Meeting two or three strangers. 13. Meeting a group of strangers (5-15). 14. Talking briefly with a stranger I just met. 15. Talking at length with a stranger I just met. 16. Talking briefly with two or three strangers. 17. Talking at length with two or three strangers. 18. Talking briefly with a group of strangers. 19. Talking with a group of strangers I just met. 20. Introducing myself and initiating conversation with strangers. Hierarchy #4 Target Behavior: Anxiety when interacting with a certain person. 1. Smiling at the person. 2. Saying hello to the person. 3. Asking the person how he is. 4. Asking the person a short, factual question (e.g., about school). 5. Asking the person a more detailed question that takes longer to answer. 6. Telling the person a short experience I had. 7. Asking the person=s opinion on a non-anxiety arousing topic. 8. Telling the person my opinion on a non-anxiety arousing topic. 9. Asking the person two or three questions and responding to his answers. 10. Telling the person something about myself, like my family. 11. Talking back and forth with the person for a long time about a factual topic. 12. Talking back and forth with the person on a more personal level. 13. Approaching the person and beginning a long conversation. Hierarchy #5 Target Behavior: Fear of speaking up in class. 1. At home, the night before I go to class. 2. Driving to school before the class. 3. Walking to my class. 4. Walking inside the classroom. 5. Looking around at the people in the room. 6. Walking in and saying hello to someone in the room. 7. Sitting down in the front row. 8. Catching the professor=s eye and smiling. 9. Nodding or agreeing with a comment made in class. 10. Asking the professor a question from the front of the room. 11. Asking the professor a question from the back of the room. 12. Answering a short question from the front of the room. 13. Answering a short question from the back of the room. 14. Answering a longer question. 15. Making a comment on a particular point to the class. NOTE: This hierarchy was designed by a student for himself. He was 23 and had never had a date. Within a few months, he had completed his hierarchy in REAL LIFE. A Hierarchy Of Interacting With Opposite Sex 1. Being with a member of the opposite sex who is a member of the family. 2. Being with a member of the opposite sex who is not a member of the family. 3. Seeing a less attractive member of the opposite sex that I know not so well. 4. Smiling at a less attractive member of the opposite sex that I know not so well. 5. Saying Ahi@ or Ahello@ to a less attractive member of the opposite sex. 6. Talking to a less attractive member of the opposite sex for a short time. 7. Conversing with a less attractive member of the opposite sex for a long time. 8. Capitalize on free information when conversing with a less attractive member of the opposite sex. 9. Utilizing open-ended questions in a conversation with a member of the opposite sex, who is less attractive. 10. Seeing a moderately attractive member of the opposite sex I know not so well. 11. Smiling at a moderately attractive member of the opposite sex I know not so well. 12. Saying Ahi@ or Ahello@ to a moderately attractive member of the opposite sex. 13. Talking to a moderately attractive member of the opposite sex for a short time. 14. Listening to a moderately attractive member of the opposite sex for a short time. 15. Conversing with a moderately attractive member of the opposite sex for a long period. 16. Capitalizing on free information when conversing with a moderately attractive member of the opposite sex. 17. Utilizing open-ended questions when conversing with a moderately attractive member of the opposite sex. 18. Meeting a very attractive member of the opposite sex for the first time. 19. Seeing a very attractive member of the opposite sex that I know not so well. 20. Smiling at a very attractive member of the opposite sex that I know not so well. 21. Saying Ahi@ or Ahello@ to a very attractive member of the opposite sex that I know not so well. 22. Talking to a very attractive member of the opposite sex that I know not so well. 23. Listening to a very attractive member of the opposite sex that I know that so well. 24. Conversing with a very attractive member of the opposite sex for a short time that I know fairly well. 25. Conversing with a very attractive member of the opposite sex for a long period that I know fairly well. 26. Smiling at each other. 27. Eye-to-eye contact. 28. Asking for initiating activities together a. ACould I walk you out to your car.@ b. In asking for a phone number, give yours first. c. Asking him or her for a date. d. Asking him or her for a dinner date. 1. Putting your personal feelings forward. a. AYou have a warm and sensitive nature about you.@ b. AYou are a very beautiful person.@ c. ABeing close with you sure makes me feel nice inside.@ d. At would like to get to know you better.@ e. Al am beginning to like you a lot.@ f) Al would like to become a friend with you.@ 1. Coming to grips with your feelings about him or her for the moment. 2. Opening up and saying what you feel about him or her. 3. Express compliments B feelings about the other person. a) Al like the way you wear your long beautiful hair.@ b) AYou have lovely eyes.@ 1. Expressing physical B sexual approaches a) Snuggling up close to him or her b) Putting your arm around his or her shoulder c) Touching his or her hands B receiving positive vibes. d) Eye-to-eye contact. e) Touching his or her hair. f) Holding his or her face within your hands. 1. A Kiss a) On the hand. b) On the face. c) On the forehead. d) On the lips. 1. A hug B an embrace. 2. A caress B a total body caress. 3. Being close to one another so as to share and enjoy each other. 4. Non-demand pleasuring of your partner. _ (When you have constructed your hierarchy, write out each item on a separate index card and number the cards in the proper order. This will give you a convenient reference during the desensitization sessions. Please write your items on one side of the card only, as the other side will be used for record keeping.) _ At this point, also make 4 positive, very relaxing scenes. (One might be a positive outcome scene related to your hierarchy situation). Step 2. Deep Muscle Relaxation As Discussed above in the introductory section of the manual, people are desensitized to the anxiety-evoking items on their hierarchy by stopping the anxiety with relaxation. In order to do this, you must first learn to relax completely, and also learn how to achieve this relaxation at will.

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