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Behavior therapy as a theoretical approach to group counseling

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ABSTRACT

Through group counseling, clients are given a safe and comfortable place to convey the problems they are experiencing so that they can help them in alleviating these problems. The problem will be discussed with other group members, who may also have the same problem. Counselors, as group leaders, can use various relevant approaches to realize the goals of group counseling, one of which is behavior therapy. Behavior therapy focuses on observable behaviors and learning experiences that promote change. The research approach employed is library research. We based the development of this manuscript on a survey of several publications from research articles in behavior therapy. The author used a thematic analysis to get basic conclusions concerning counselors' use of behavior therapy as a theoretical approach to group counseling. We intend this paper to serve as a literature for counselors who desire to use a behavior therapy approach in group counseling.



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Introduction

Group counseling can alleviate client problems with a group format by prioritizing the principle of confidentiality for each group member. The group leader (counselor) focuses the group on different individuals and their problems; then, the members try to help each other with the leader's guidance (Beck, 2016). The group leader will sometimes play a dominant role by directing the session to be more productive (Jacobs, Schimmel, Masson, & Harvill, 2015). Another opinion states that group counseling is a type of counseling in which a small group of people meets to discuss, interact, and explore problems with each other and with the group leader. Group therapy aims to provide a safe and comfortable environment on campus for students to solve their problems. Members gain insight into their own ideas and actions, and offer advice and support to others (Berg, Landreth, & Fall, 2017; Pérusse, Goodnough, & Lee, 2009). Group counseling helps group members in alleviating the problems they experience. Each group member discusses it together by maintaining the principle of confidentiality, and group leaders also have a significant role in the success of group counseling.

Most group members do not require substantial personality reconstruction, and their problems are usually related to developmental life goals. The emphasis in group counseling is on identifying internal sources of strength, which are growth oriented. Group members may face situational crises and short-term conflicts, overcome personal or interpersonal challenges, navigate life transitions, or try to change self-defeating patterns. Groups provide the empathy and support needed to cultivate the trust that allows people to share and discuss their difficulties. Group members are provided with help in honing their current interpersonal problem-solving skills so that they will be better equipped to tackle similar problems in the future (Corey, 2015). In

addition, clients with obstacles to building interpersonal relationships can be helped by this group counseling (Young et al., 2016). To realize the goals of group counseling, it is necessary to choose an appropriate approach for the problems experienced by group members, because each approach has its own focus.

Observable behaviors, causes of present behavior, learning experiences that promote change, adapting treatment tactics to specific clients, and rigorous testing and evaluation are all priorities for behavior therapy counselors. Behavior therapy has been used to treat a wide range of psychiatric illnesses in a variety of client groups. This method has successfully treated anxiety disorders, depression, substance misuse, eating disorders, domestic violence, sexual issues, and hypertension. Developmental disabilities, mental illness, special education and education, community psychology, clinical psychology, rehabilitation, business, self-management, sports psychology, health-related behavior, and gerontology all use behavioral techniques (Corey, 2012). In comparison to other types of techniques utilized in group counseling, behavior therapy has received less attention in the literature. In this study, the meaning, goals, and principles of group counseling with behavior therapy will be examined.

Method

The method used is library research. The construction of this manuscript was based on the review of various manuscripts of research papers relevant to the behavior therapy. To arrive at basic conclusions about the use of behavior therapy as a theoretical approach to group counseling by counselors, the author did a thematic analysis.

Result and Discussion

Group Counseling Based on Behavior Therapy

"Which is better, group counseling or individual counseling?" is a common question. This is a difficult issue to answer because people and situations are so diverse. Sometimes one or the other is the best option, while other times a combination of individual and group counseling is the best option. Generally speaking, groups can be really beneficial. Some people prefer group counseling because it demands feedback from others and allows them to learn more by listening rather than talking. Teenagers prefer group counseling to individual treatment because they are more likely to talk to other adolescents than adults. For people who are stuck in the mourning process, groups have proven to be very helpful (Humphrey, 2009; Jacobs, et al., 2015; Worden & Winokuer, 2011).

Clients are taught self-management skills and new coping behaviors, as well as how to rebuild their thoughts, in the group-based behavior approach. After completing their group experience, clients can learn to apply these skills to take control of their life, deal with current and future challenges, and operate successfully. Many groups are designed to give clients more power and freedom in specific areas of their lives (Corey, 2012). Group members are homogeneous in the behavior therapy approach, which means that there are many different types of groups with behavioral changes, or groups that mix behavioral and cognitive approaches for a specific demographic. In today's world, structured groups with a psychoeducational focus are very popular. In the practice of behavioral groups, at least five main approaches can be used: (1) social skills training groups, (2) psychoeducational groups with specific topics, (3) stress management groups, (4) multimodal group treatment, and (5) mindfulness and behavioral therapy acceptance-based in groups (Corey, 2012).

The Purpose of Group Counseling Based on Behavior Therapy

The goal of group counseling is to help people prevent and correct problems and to achieve a certain goal, which could be educational, career-related, social, or personal. Group counseling emphasizes interpersonal communication of conscious ideas, feelings, and behaviors in a short time span. Members define the content and goals of counseling groups, which are frequently problem-oriented (Corey, 2015).

Process objectives and result goals are two forms of group counseling/therapy goals established by behavioral researchers. The goals linked with the group process are referred to as process objectives. Process goals, for example, might assist members in becoming more comfortable in the group, increasing their openness to the group, and learning to engage with members in a more productive manner. Some educators believe that focus groups should be about what's going on in the "here and now," and that external issues should be avoided. Interaction, member criticism, and confrontation take up a lot of time with this strategy. While focusing on process goals in group therapy can be beneficial, we believe it should not be the primary focus of any therapeutic group. Individual concerns and outcomes goals should be prioritized (Jacobs, et al., 2015).

Outcome objectives are those that have to do with behavioral improvements in members' lives, such as acquiring a job, enhancing interpersonal connections, staying calm, or feeling more self-assured. Therapy groups that concentrate on members' concerns are far more beneficial than groups that concentrate on member interactions. Leaders that prioritize result goals encourage their followers to concentrate on problems that are at or below the depth level of 6 on the depth chart (Jacobs, et al., 2015).

In behavioral therapy, goals are quite important. Behavioral therapy's overall purpose is to expand personal choices and create new learning environments. Early in the therapeutic process, the client, with the support of the therapist, develops particular treatment goals. Although both evaluation and therapy are carried out, a formal assessment is carried out prior to treatment to identify the behavior that needs to be changed. The extent to which the identified goals are being met is determined through ongoing therapy evaluation. It's critical to devise methods for assessing progress toward objectives that are based on empirical evidence (Corey, 2012).

The active role of clients in choosing on their therapy is emphasized in contemporary behavior therapy. The therapist helps the client come up with clear, quantifiable objectives. Client and counselor goals must be explicit, concrete, understandable, and agreed upon. The counselor and client address the goal-related behavior, the conditions that demand adjustment, the nature of the sub-goals, and a strategy for achieving these objectives. Setting therapeutic goals necessitates a dialogue between the client and the counselor, which culminates in a contract that drives the therapy process. Goals are changed by the behavioral therapist and the client as needed during the therapy process (Corey, 2012).

The current trend in behavior therapy is to establish processes that provide clients more power and freedom. People's skills are improved in behavior therapy so that they have more possibilities for reacting. People are free to choose from previously unavailable options as they overcome burdensome practices that limit choice. (Corey, 2012).

Characteristics in behavior therapy

Behavioral group therapy includes a number of distinguishing features that set it distinct from other group therapies. Behavioral practitioners are distinguished by their meticulous attention to criteria and measures. Conducting behavioral evaluations, clearly laying out collaborative treatment goals, developing specialized treatment procedures that are suited for a particular condition, and evaluating behavior group therapy outcomes are all unique elements of behavioral group therapy. Behavior therapists utilize short-term and time-limited therapies to help members solve problems and learn new abilities (Corey, 2012). Characteristics of behavior treatment are listed below (Corey, 2012).

First, behavior therapy is founded on the scientific method's concepts and processes. To assist clients in changing their maladaptive behavior, experimentally derived learning principles are utilized in a methodical manner. Behavioral practitioners are distinguished by their methodical devotion to precision and empirical evaluation. Behavioral therapists formulate treatment goals in tangible language so that their interventions may be replicated. The client and therapist agree on the treatment goals. The therapist evaluates problem behaviors and the conditions that support them throughout therapy. The effectiveness of the assessment and treatment procedures was assessed using research methods. The therapy method chosen must be proven to be effective. In a nutshell, behavioral concepts and methods are presented plainly, empirically tested, and continually changed.

Second, unlike an investigation of probable historical determinants, behavior therapy focuses on the client's current problems and the circumstances that influence them. The focus is on the precise aspects that influence current functionality as well as the factors that potentially alter performance. Understanding the past can sometimes provide important information about environmental occurrences that are relevant to current behavior. Behavioral practitioners use a method called functional assessment, or "behavioral analysis," to look at present environmental events that perpetuate problematic behavior and help clients create behavior change by modifying those environmental events.

Third, Clients in behavior therapy are expected to take an active role in their treatment by taking specific measures to address their issues. Rather than simply talking about their situation, people must act to change it. Clients learn and practice coping skills, as well as role-play new behaviors, both during and outside of treatment sessions. The therapeutic chores that the client completes in their daily lives, sometimes known as homework, are an important aspect of this approach. Learning is viewed as the foundation of behavior therapy, which is an action-oriented and educational approach. To replace old and maladaptive behaviors, clients acquire new and adaptable ones.

Fourth, This method assumes that change can happen even if the underlying dynamics aren't understood. Behavioral practitioners work under the assumption that behavior change can happen before or after self-understanding, and that behavioral change can lead to further self-understanding. Knowing that one has a problem and knowing how to remedy it are two different things. Insight and understanding of the possibility of intensifying one's difficulties might provide incentive to change.

Fifth, The emphasis is on evaluating overt and hidden behavior, identifying issues, and assessing change. The target problem is directly assessed by observation or self-monitoring. Therapists consider their clients' culture to be an important aspect of their social environment, which includes a social support network that is relevant to the goal behavior (Tanaka-Matsumi, Higginbotham, & Chang, 2002). A detailed assessment and evaluation of the interventions utilized to establish whether the technique resulted in behavior change is critical to the behavioral approach.

Individual and group interaction: There are three fundamental principle learning functions: attitude is an emotional reaction to social inputs. As a result, the stimulus serves as both a reinforcer and an elicitor. These principles govern social phenomena such as group cohesion, attraction, persuasion, prejudice, and intergroup connections. Learning the rich human repertoire is a social interaction process that must be mastered. (Shulman, 2015; Staats, 1996).

Counselor as a Leader in Behavior Therapy

The leader's style or role will always be determined by the group's objectives (Jacobs, et al., 2015). The most effective group leaders are adaptable (Gladding, 2008). The fundamental point of contention in the leadership argument appears to be how active, deliberate, and structured leaders should be. Many group counselors were hesitant to advise students they needed to be more active and assertive in the past. In the 1960s, there was a similar dispute about the relative virtues of directive and non-directive counseling, when counselors argued the respective merits of directive and non-directive counseling. Most counselors now encourage their students to be more engaged and direct in their individual therapy sessions (Jacobs, et al., 2015).

The active leadership approach is best for most groups when it comes to group counseling. We are firm believers in what we previously stated: people don't mind being led if it is done correctly. The majority of people in most groups require some form of structure, organization, and direction. In fact, the majority of members demand and desire leadership. This is particularly true at schools, hospitals, prisons, mental health facilities, and rehabilitation centers, as well as with groups that deal with issues like divorce, abuse, incest, and addiction (Jacobs, et al., 2015).

Behavioral group leaders work as teachers, encouraging members to learn and practice skills in small groups that they may use in their daily lives. In most groups, group leaders take an active, directing, and supportive role in the group, applying their understanding of behavioral concepts and talents to issue solving. With their involvement in setting agendas, designing homework, and teaching new skills and behaviors, they exemplify active participation and teamwork. The leader carefully observes and evaluates behavior in order to determine the conditions that are related with a specific problem as well as those that will aid change. Members of behavioral groups identify abilities that they lack or wish to improve (Corey, 2012).

Therapeutic procedures in behavior therapy

A strength of the behavioral approach is the development of specific therapeutic procedures that be proven effective in aim ways. Behavioral therapy practitioners can incorporate into their treatment plan any technique that can be demonstrated to change behavior. The use of various techniques, regardless of their theoretical origin. Behavioral therapists should not limit themselves to methods derived from learning theory. Group leaders who function within a behavioral framework can develop techniques from a variety of theoretical points of view. Behavioral practitioners use a brief, active, directive, structured, collaborative model of psychoeducational therapy, which relies on empirical validation of its concepts and techniques (Bilderbeck et al., 2016; Brown, 2018; Delgadillo et al., 2016). Leaders keep track of group members' progress by collecting data before, during, and after all interventions. This method gives ongoing feedback on therapeutic progress to both the group leader and the members. This form of accountability is now demanded by many organizations in community institutions (Corey, 2012).

The group structure is ideal for assertiveness and social skills training (Wilson, Jacob, & Powell, 2011). In behavioral groups, relaxation treatments, behavioral exercises, modeling, training, meditation, and mindfulness approaches are frequently integrated. In communal situations, where people meditate while still being in the presence of others, the feeling of being attentive is enhanced (Corey, 2012).

Behavioral therapists' therapeutic processes are tailored to a single client rather than being pulled from a "bag of tricks." In their interventions, therapists are frequently highly inventive. Applied behavior analysis,

relaxation training, systematic desensitization, exposure therapy, eye movement desensitization and reprocessing, social skills training, self-management, and self-management programs are among the behavioral treatments available to practitioners. Mindfulness and acceptance-based approaches, as well as directing behavior, multimodal therapy, and mindfulness and acceptance-based approaches. These strategies do not encompass the entire range of behavioral processes, but they do represent a sample of current behavioral therapy approaches. In group counseling, a variety of strategies are frequently used (Corey, 2012):

Assertion training

When a group structure is used, assertiveness training is generally done in groups. Members practice behavioral skills in role-playing situations after receiving modeling and guidance. Members are provided feedback after the exercise, which includes encouraging the positive parts of their behavior as well as recommendations on how to improve it. Each member continues to practice assertive behavior until the abilities are mastered in a variety of simulated scenarios (Corey, 2012)

Mindfulness-Based Cognitive Therapy (MBCT)

This program is a comprehensive integration of mindfulness principles and skills applied to the treatment of depression (Segal, Teasdale, Williams, & Gemar, 2002). BCT is an 8-week group treatment program adapted from the mindfulness-based stress reduction program (Ockene, Ockene, Kabat-Zinn, Greene, & Frid, 1990), and it includes a cognitive-behavioral therapy component (Ockene, et al., 1990). MBCT is an integration of techniques from MBSR and the teaching of cognitive-behavioral interventions to clients. The main goal is to change the client's consciousness and its relationship with their negative thoughts. Participants are taught how to respond in a skillful and deliberate manner to their automatic negative thought patterns.

This approach is a comprehensive application of mindfulness principles and practices to depression treatment (Segal, et al., 2002). BCT is an 8-week group treatment program that includes a cognitive-behavioral therapy component and is based on the mindfulness-based stress reduction program (Ockene, et al., 1990). MBCT combines MBSR approaches with the instruction of cognitive-behavioral therapies to clients. The major goal is to alter the client's consciousness as well as their interaction with negative thoughts. Participants are taught how to respond to their automatic negative thought patterns in a competent and purposeful manner.

Conclusions

Behavioral therapy groups aim to improve clients' skills so they have more options for responding. There are two types of behavioral therapy counseling/group therapy goals: process goals and outcome goals. Process goals can help members increase their level of comfort in the group or increase their openness to the group. Behavioral group therapy has several unique characteristics that set it apart from most other group approaches. The style or role of the leader will always depend on the goals of the group. The most effective group leaders exhibit flexibility and are active, purposeful, and structured. The behavioral group leader acts as a teacher and encourages members to learn and practice skills in the group. They apply their knowledge of behavioral principles and skills to solve problems. The group leader followed group members' progress through continuous data collection before, during, and after all interventions.

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