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Modeling is a form of systematic desensitization.

Author: Saul McLeod, updated 2015 Systematic desensitization is a type of behavioral therapy based on the principle of classical air conditioning. It was developed by Wolpe during the 1950s. This therapy aims to eliminate fear response phobias, and replace the relaxing response to a conditional stimulus gradually by using anti-homeless. The number of sessions required depends on the severity of the phobia. Usually 4-6 sessions, up to 12 for severe phobias. Therapy is discontinued once agreed therapeutic goals are met (not necessarily when a person's concerns have been completely eliminated). Exposure can be done in two ways:- In vitro – the client imagines exposure to the fossil stimulus-. In vivo – the client is actually exposed to a fossil stimulus. Research has found that in vivo techniques are more successful than in vitro (Menzies & Clarke, 1993). However, there may be practical reasons why in vitro can be used. There are three stages of treatment: First, the patient learns the techniques of deep muscle relaxation and breathing exercises. For example, control over breathing, muscle retention or meditation. This step is very important because of mutual inhibition, where once the response is inhibited, because it is incompatible with another. In the case of phobia, concern involves tension and tension is incompatible with relaxation. Second, the patient creates a fear hierarchy starting on the stimuli that create the least anxiety (fear) and building in stages on the greatest fear provoking images. The list is very important because it provides a structure for therapy. Third, the patient works his way into the hierarchy of fear, starting with at least unpleasant stimuli and practicing their relaxation technique as they go. When they feel comfortable with this (they are no longer afraid), they move on to the next stage in the hierarchy. If the client gets upset, he can go back to an earlier stage and regain the relaxed state. The client repeatedly imagines (or is confronted with) this situation until it fails to raise any concerns at all, suggesting that the treatment has been successful. This process is repeated while working through all situations in the anxiety hierarchy, while the most anxiety-provoking. For example, a spider phobia might consider one small stationary spider 5 meters away to be only a slightly threatening but large, fast-moving spider 1 meter away as highly endangered. The client reaches a state of deep relaxation, and is then asked to imagine (or is confronted with) the least threatening situation in the anxiety hierarchy. Wolpe (1964) successfully used a method to treat an 18-year-old man with a severe urge to wash his hands. The disorder included a fear of contamination of other urine. After updating, the patient felt compelled to spend 45 minutes cleaning his genitals, two hours washing his hands and four hours showering. Treatment included putting a young man in a state of relaxation and asked him to imagine a low anxiety scene (as an unknown man touches a tray of water containing one drop of urine). As the patient's anxiety gradually dissipated, Wolpe gradually increased the imaginary concentration of urine. In addition, a real bottle of urine was presented remotely and approached the patient in gradual steps. Eventually Wolpe could inject drops of diluted urine on the back of the patient's hand without causing anxiety. A follow-up 4 years later revealed complete forgiveness of compulsive behavior. Critical evaluation Practical Issues The fact that a systematic desensitization technique can be used in images means that many of the practical disadvantages involved in in vivo exposure with this type of phobia can be eliminated. One of the weaknesses of in vitro exposure is that it relies on the client's ability to imagine a horrific situation. Some people can not create a vivid image, so systematic desensitization is not always effective (there are individual differences). Systematic desensitization is a slow process, taking an average of 6-8 sessions. Although, research suggests that the longer the technique lasts, the more effective it is. The progressive structure of systematic desensitization allows the patient to control the steps he needs to take until fear is over. This absence of intrusive elements makes this technique less likely to provoke abandonment of treatment. Theoretical issues Systematic desensitization is highly effective if the problem is learned anxiety specific objects / situations, eg phobias (McGrath and co., 1990). However, systematic desensitization is not effective in treating serious mental disorders such as depression and schizophrenia. Studies have shown that neither relaxation nor hierarchy are necessary, and that an important factor is just exposure to the dreaded object or situation. Systematic desensitization is based on the idea that abnormal behavior is learned. A biological approach would disagree and say that we were born with behavior and therefore need to be treated medically. Treating symptoms is not the cause(s) of phobia, systematic desensitization treats only observable and measurable symptoms of phobia. This is a significant weakness, because cognition and emotion are often behavioral motivators, so treatment deals only with symptoms that are not the underlying causes. Social phobia and agoraphobia do not seem to show so much improvement. Is it possible that there are other causes of phobia, such as classical air conditioning? For example, if the fear of speaking in public comes with poor social skills, then it is more likely that a reduction in fossils will occur in a treatment that involves learning effective social skills as a systematic desensitization itself. Empirical Evidence Lang et al. (1963) uses systematic numbness with a group of college students who all suffered from snake phobias. They underwent 11 sessions to work Hypnosis has been used to help maintain relaxation. P fear rating fell and the improvement was still evident 6 months later. Rothbaum et al. (2000) used systematic desensitization with participants who were afraid of flying. After treatment, 93% agreed to a trial flight. Anxiety levels were found to be lower than in the control group, which did not receive systematic desensitization and this improvement was maintained when monitored 6 months later. Capafona et al. (1998) recruited 41 acrophobia sufferers for a media campaign in Spain and treated 20 of them with systematic desensitization and had 21 members of the control group. The treatment group received 2x1 hours of in vivo and in vitro techniques per week for 12-15 weeks. Vo vo vouches and physiological measures of anxiety were used during flight simulation. The results showed all but two of those who had systematic desensitization treatment reported lower levels of fear and were seen to have less anxiety, and one member of the control group showed signs of improvement. While systematic desensitization is effective, it was not 100% effective ethical issues Systematic desensitization is a method of treatment that increases the feeling of self-control; that is, the therapist suggests a guide or helps, but does not represent the core of the treatment. 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