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TEACHING INTERPERSONAL SKILLS THROUGH
BEHAVIOR MODELING

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When we examine the components of counseling or therapy there is usually some training involved where clients are taught new interpersonal skills. After consciousness has been raised, feelings clarified, problems understood, or support given, often the next step in therapy is teaching new interpersonal skills.

Learning research has told us much about the best way to teach skills. A common mistake made by well intended mental health workers is to think they have done their job if they have told their clients about the skills they need to develop. They may even go so far as to show them how to do something, for example to carry on a conversation, to make an assertive response to a putdown, or negotiate effectively with a spouse. However, this is usually not far enough. Interpersonal skills like other skills cannot be mastered without supervised, correct practice. Behavior modeling shows promise of being one of the most effective ways of teaching skills, because it allows the learner to imitate someone else who has the skills and to practice them under supervision.

Theoretical Basis of Behavior Modeling

Behavior modeling is based on Bandura’s (1977) social learning theory and was developed into a training process in 1970 (Sorcher, 1971; Sorcher and Goldstein, 1972; Goldstein and Sorcher, 1974) for building an individual’s skills in handling difficult interpersonal situations. The motivational system of the method attempts to preserve the trainee’s self-esteem by using positive social reinforcement. It is a natural next step in counseling once a client’s motivation has been aroused, and the outcome of the training is usually to reinforce attitude change in the process. Conceptually the psychological aspects of behavior modeling are based on the principles of imitation, practice, and reinforcement. In a training program, video tapes or films are first used to demonstrate appropriate actions. Participants are then led through structured practice by an instructor. Participants take turns in various roles and learn through successive practice and reinforcement by the instructor or other participants. While the method is theoretically applicable to any interpersonal skill training, experimental research support has demonstrated its effectiveness specifically with the following skills: a variety of supervision skills (Sorcher and Spence, 1982); cognitive and social skills for high school students (Sarason and Sarason, 1981); teaching skills (King, 1980); writing instruction (Harris, 1983); and assertiveness (Kazdin and Hascielli, 1982).

How Behavior Modeling Deals with Weaknesses of Other Programs

Traditional approaches to training usually have some major weaknesses, but behavior modeling effectively deals with these weaknesses:

Weakness 1: Traditional approaches to training are rarely backed by a proven theory of change (Porras, et al., 1980). Lack of a strong theoretical base reduces chances of reliable scientific research on the training method.

Behavior modeling, however, is based on a proven theory of change, the social learning theory, which makes scientific investigation possible.

Weakness 2: Most training is improperly evaluated or not evaluated at all (Goldstein & Sorcher, 1974). Without evaluation, how does one know if the training affects behavior in real life?

Behavior modeling requires people to perform, and this performance can be evaluated by the trainer as the training takes place.

Weakness 3: Training programs designed to teach interpersonal skills rarely show long-term behavior change (Latham & Saari, 1979).

Several studies using behavior modeling have tested results six months to a year later and found that trainees had retained the behaviors learned in training (O’Connor, 1979; Latham & Saari, 1979; Porras, et al., 1980).

Weakness 4: Traditional approaches to training focus on knowledge and attitude change rather than behavior change, and they neglect basic learning principles (Goldstein & Sorcher, 1974).

Most interpersonal skill training is not as useful as it could be because it only attempts to motivate by teaching theoretical and philosophical issues dealing, for example, with improving communications, resolving conflicts, learning to listen, giving recognition to children, asking for changes in behavior, etc. Rarely does training deal with ability by (1) showing how to communicate, how to listen, how to resolve conflicts, and how to carry out the other aspects of relating to others, and then (2) allowing the trainee to enact the behavior. After traditional training, a trainee may have learned the theoretical results of a certain behavior, and be motivated to change, but he does not know if he can perform the behavior or how he should perform it. He lacks ability.

How Behavior Modeling Works

According to social learning theory, behavior change depends on three factors: (1) efficacy expectations (a person’s belief in his or her ability to perform a behavior), (2) outcome expectations (a person’s knowledge of probable results of a behavior), and (3) valence (the value a person places on a certain outcome). Unless all three factors are present, change will either not occur or will not persist for any
length of time. Outcome expectations and valence are often addressed during training, but efficacy expectations are mostly neglected. Counseling or therapy gives the client a chance to explore these feelings in the interview, but belief is greatly strengthened when the person is able to perform effectively in practice sessions.

By combining practice with theory, behavior modeling increases ability (efficacy expectations) as well as motivation (outcome expectations and valence), and thus, sets the stage for learning. A client is allowed to practice learned behavior, not only in a training situation but in the real life situation he or she is confronting. The client is given adequate feedback regarding his or her practice both in therapy and with review sessions after trying out the behavior in the real world. Feedback is directly related to how well the client carries out each step in a specified behavioral routine as opposed to a more general overall critique of his or her performance.

The behavior modeling technique usually has the following instructional sequence.

1. Presentation of key actions—steps or principles considered to be basic to performing critical interpersonal tasks.
2. Showing or modeling to the clients, through demonstration, audiotape or videotape, a person performing the specific key actions successfully.
3. A practice session for the clients who are given the opportunity to behaviorally rehearse or practice the behavior they have seen modeled by applying it to a specific interpersonal problem they are currently facing in their lives.
4. Social reinforcement provided for the client, with positive feedback and approval as the behavior approximates the behavior of the model.
5. Transfer of training by implementing the three preceding processes in a manner such that, when combined with feedback on practice in real life, the likelihood is increased that the client will apply his new skill in a consistent manner (Wehrenberg & Kuhnle, 1980).

Benefits of Behavior Modeling

A few benefits which have been empirically demonstrated from behavior modeling training in various settings are:

1. An improved organizational climate when used in organization training.
2. Increased satisfaction for those involved in training.
3. Ability to transfer the key points to real life situations.

For LDS Church audiences, behavior modeling has a great deal of face validity as a training device. For example, we are taught to use the Savior and Church leaders as examples, and we are taught to be examples so that others can learn from us.

Behavior modeling training programs are currently being experimented with in several Church settings, for example:

- LDS social services practitioners will be undergoing training in consulting with ecclesiastical leaders using behavior modeling techniques.

- An extensive new Guide training program for Guides at the Church's visitor centers is also using behavior modeling.

- Managers in Welfare Services have recently undergone managerial training conducted by Zinger-Miller Associates from San Francisco, a consulting firm to industry which does management training using behavior modeling exclusively as a training method.

An Example of How Behavior Modeling Can Be Applied in a Counseling Session

The following example will illustrate how behavior modeling principles can be applied to develop parenting skills. Let's assume the therapist is consulting with a mother whose teenage daughter is emotionally misbehaving. She is using guilt to get her mother to excuse her misbehavior rather than change it. It has become a problem for both the teen and the mother because the teen continues to evade responsibility for her actions by this behavior. Whenever she misbehaves, she immediately tells her mother that she is sorry, pleads for her forgiveness, but continues to repeat the behavior. The most troublesome behavior is making rude remarks in front of her mother's friends. The mother has a difficult time being firm with her daughter because she feels she should be forgiving and not hold grudges.

Once the problem has been clarified, the therapist should identify and discuss key actions the mother may use to solve the problem. These key actions should describe a process designed to more effectively cope with the problem. The key actions may be worked out by the therapist beforehand and presented at a counseling session or worked out jointly with the mother in the session. In either case the mother should have time to clearly process the reason for each action and add her own refinement to them so that they will be fully integrated into her own concepts and perceptions. For the problem described above some key actions could be:

1. Listen carefully to what the teen is saying.
2. Show you understand the feelings of the teen.
3. Ask what the teen intends to do to remedy the situation.
4. Jointly work out a plan with necessary commitments.

Note that the key actions say what "to do" rather than what "not to do." This will aid in performance even though what not to do could also be covered in the discussion. For example, in this case it is important to avoid letting the teen evade responsibility for actions, or the mother showing she is overly impressed by the guilt feelings.

Once the key actions have been identified and the therapist is sure the mother understands them, a situation could be modeled showing a parent effectively using these key actions to solve a similar problem. Videotapes are not likely to be available to the counselor for such purposes; however, there are audiotapes available to model parent teen interactions. (See, for example, STEP/TEEN audiotape produced by AGS, Circle Pines, Minnesota, 55014.) If neither audio or visual models are available, the therapist and the client may structure a situation with the therapist modeling for the client how he would carry out the key actions.
After the client has seen a model, she should then practice the same or a similar situation using the key actions, while the therapist acts as a coach, reinforcing her for her correct practice and gently suggesting improvements. The mother should have sufficient practice with different situations to make sure she can use the key actions in new situations.

The next step in the modeling process is for the mother to work out a plan detailing where, when and with whom she will try out the new interpersonal skill. It is important that the therapist obtain a specific commitment. In this case, the mother may decide to use the key actions during the coming week whenever the daughter engages in her emotional misbehavior.

The final step is to follow up during the next session with the mother to see how things went. This will be a good time to recognize appropriate efforts and successes or to modify key actions based upon the outcome of the tryout.

Behavior Modeling in Groups

The above example shows how the method might be used for individual counseling. Of course, the method was developed for use in training groups, and it is easily adapted to group therapy sessions, particularly structural groups which have specific training objectives, such as parental training groups, assertive training groups, communication skill groups, marital conflict groups, and the like.

For group sessions the steps are similar.

1. Introduce the topic. (2–5 minutes)
2. Allow participants to identify problem situations related to the topic that they are having. It is best to do this individually and allow time for them to be written down for later use. (5 minutes)
3. Present the key actions. (10 minutes) Remember that key actions are not presented as “musts.” Participants should be allowed to modify them as they need to. They may be presented visually on a chart, overhead projector or in a booklet, accompanied with a discussion. Booklets need not be extensive. They could be limited to listing each key action, providing a justification for each one and an example of how each one might be carried out.
4. Present a model. (5 minutes) For groups it is very effective to have videotaped models, audio models, or live, well-rehearsed demonstrations of the key actions. At the conclusion of the modeling, participants should be allowed to comment on aspects of the modeling that they liked or didn’t like.
5. Invite a group member to demonstrate before the group. (10 minutes) Agreement to do this should be obtained before the demonstration. The demonstration should allow the member to show his or her knowledge of the key actions before the other group members. Other group members may plan the role of the person or persons to be interacted with. Allow members to give feedback. A good place to start is by asking the demonstrator how he thought he did. Be sure to recognize good performance and gently provide correctives.
6. Have the other members of the group break up into subgroups of three members each. (30 minutes) Give instructions to have each person practice using the key actions while one of the other subgroup members plays the role of the person to be interacted with, and one plays the role of observer. When one person is finished, roles should be rotated among the three members so that all have the chance to practice using the key actions in their specific situation and receive feedback on his or her performance from the other subgroup members.

Summary

Counseling often involves teaching clients new interpersonal skills which may be required to deal with current situations in their lives. Research has shown that skills are best taught using behavior modeling and guided practice which utilize the following steps: First, the client is presented with an explanation of the key actions necessary to be carried out. Second, the skill is modeled for the client by the counselor or a demonstration is shown on video tape or listened to on audio tape which shows someone successfully doing the key actions. The counselor uses the model to provide examples of the key actions in actual practice and to show strengths and weaknesses in the model. Third, the client is guided through a rehearsal of the key actions applied to specific problems they are facing. The counselor acts as a coach reinforcing correct actions and gently correcting errors. Fourth, clients are given opportunities to practice the key actions several times, either in the counseling session or in real life, in such a way that they receive feedback on their performance. Repetitions are required to enable the new behavior to become habitual. Behavior modeling and guided practice can be applied equally effectively with individuals or groups. Examples were provided of each.

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