PART II

Adult Disorders

Behavior therapy is often characterized by nonbehavior therapists as a set of discrete procedures. This results partially from the fact that we do not have a single, all-encompassing theory to explain all behavior and treatment procedures. Of course, behavior therapists pay allegiance to "learning theory." But, the "principles" of learning provide more of a general backdrop and frame of reference for our work, rather than a specific, tightly knit theory. The misperceptions of nonbehavior therapists are also based on the behavior theory of the 1960s, which was limited to a few highly publicized techniques: notably, systematic desensitization and token economies.

Our discipline has changed and expanded dramatically in the past 20 years, and that early characterization is no longer appropriate. Treatments have been developed for a host of additional disorders. Moreover, there are now a variety of alternative treatments for many individual disorders. In some cases, these alternatives result from competing models for the nature of the disorder (e.g., depression as a result of a cognitive distortion or a social skills deficits). Frequently, the empirical literature does not definitively support any one model, and the choice of treatment depends on the preferences of the therapist and patient. In the case of other disorders, the treatment variations seem to be more appropriate for different subcategories of patients, based on the specific nature of their disorder. For example, systematic desensitization appears to be the treatment of choice for simple phobias, cognitive therapies appear to be especially appropriate for social phobias, and exposure treatments appear to be most effective for agoraphobia. Although the data are not as clear, cognitive therapy seems to be more appropriate for those depressed patients who have cognitive distortions, whereas social skills training seems to be appropriate for depressed patients who have skill deficits and a restricted social network. Each chapter in this section examines alternative models and treatments for the respective disorders. They also discuss the current state of knowledge about patient–treatment matching and they reflect the differing states of our knowledge about the different disorders. In so doing, they highlight the breadth and diversity of behavior therapy strategies.

In preparing a text on behavior therapy, one is always faced with the difficult choice of organizing the book around techniques or disorders. Given our belief

that future research will enable us to more carefully match techniques to specific patient characteristics, we have chosen to organize around disorders. Orienting around techniques offers the advantage of providing a conceptually integrated perspective (i.e., a specific model is described, followed by discussion of the various treatment procedures which flow from it, as with cognitive behavior therapy). Conversely, a technique oriented perspective can have a negative impact on clinical practice. If the clinician conceptualizes problems primarily by the available treatment techniques rather then specific problems presented by the client, there is a danger that the client will be shoehorned into a superficially relevant treatment rather than receiving a carefully tailored intervention.

Based on that viewpoint, we have elected to organize this and the subsequent section of the book around disorders. In Chapter 5, Emmelkamp provides an excellent overview of the various behavioral treatments for fear and anxiety, with an emphasis on clinical studies and issues. Lewinsohn and Hoberman discuss the major behavioral theories and treatments for depression in Chapter 6. Chapter 7, by Curran, Monti, and Corriveau, covers various strategies for work with schizophrenics, with an emphasis on token economies and social skills training. Reflecting the current emphasis on behavioral medicine, Taylor examines procedures for treating a variety of medical disorders in Chapter 8. Finally, Bellack and Morrison discuss the nature of interpersonal dysfunction and social skills training strategies in Chapter 9.

In addition to the five chapters preented here, the complete handbook contains chapters on alcohol and drug problems, obesity, cigarette dependence, crime and delinquency, sexual dysfunctions and sexual deviation, obsessive compulsive disorders, and marital distress. In determining which chapters to reprint here, we considered the clinical significance of the disorders in the general community, the frequency of referral to behavior therapists, and the empirical support for the various interventions. We believe that the five chapters in this section describe effective interventions for the most serious and most frequently appearing problems.