MODELING

A person s behavior often changes merely as a result of observing the behavior and behavior consequences of someone else. A teenager may adopt some of the dress and mannerisms of his socially successful peers. A new employee in an organization may best learn his job by observing an older employee. Behavior change that results from the observation of the behavior of another is called *modeling*(Bandura, 1969, chap. 3, 1971 a; Marlatt& Perry, 1975; Rachman, 1972; Rosenthal, 1976). It is also called observation learning, imitation, vicarious learning, and social learning. What is observed is the behavior of the model, the consequences of this behavior, and verbal cues and instructions of the model. Modeling covers a wide range of behaviors, including these described by Bandura (1969, p. 118):

one can acquire intricate response patterns merely by observing the performances of appropriate models; emotional responses can be conditioned observationally by witnessing the affective reactions of others undergoing painful or pleasurable experiences; fearful and avoidant behavior can be extinguished vicariously through observation of modeled approach behavior toward feared objects without any adverse consequences accruing to the performer; inhibitions can be induced by witnessing the behavior of others punished; and finally, the expression of well-learned responses can be enhanced and socially regulated through the actions of influential models.

The more influential model is often a person who is significant to the observer. Thus children often model after parents, students model teachers, and clients model therapists (which many therapists interpret as improvement). Or the model may be a purposed expert, celebrity, or simply someone who is effective at doing or achieving what the observer wishes. Often the model is someone similar to the observer so that the consequences of the model s behavior are seen as relevant to what may happen to the observer for acting similarly. The model may also be presented on film or television, be a real person or fictional character, or be a character in a book or cartoon. Thus modeling arises in a wide range/of situations from watching people to reading a book. This gives modeling a broad field of importance and application, but also makes its exact nature and boundaries a little hazy.

The influence of the mass media, such as movies and television, gives modeling particular social importance. The movie *Deliverance*showed men rafting down a dangerous southern river. After seeing this movie, many more people attempted to raft such rivers leading to many people getting hurt. Television is much more powerful because of the number of people it reaches. Currently 96 percent of all households in the United States have at least one television. On the average the television is on for about six hours every day with children and adults watching about two hours a day. By the time the average teenager graduates from high school he will have spent more time watching television than any other activity (including school) except sleeping. Thus the impact of television content on our culture is probably quite significant, which leads to some issues such as violence on television.

Although someone may model many behaviors from one model, as a girl may model her mother, it is common for the observer to take diverse combinations of behaviors from different models, often abstracting basic strategies of responding (such as being more cooperative with teachers or being less aggressive socially) rather than specific behaviors. The effects of modeling are also often transient and easily changed. For if the new modeled behavior is not useful (e.g., reinforcing) to the person, it will be altered or abandoned. This is why modeling and operant procedures often fit together well. We are all continually involved in these types of processes, picking up behaviors and strategies from various models, trying out different behaviors, and keeping those that currently work for us.

Modeling is very prevalent, it is a key part of many behavior change programs, but there is no theoretical agreement on how it works. An operant analysis of modeling might be based on the person being reinforced for imitating others behavior. But such an approach is sometimes strained to account for the initial acquisition of novel responses, acquisition when there is no overt response to be reinforced, and situations in which there is no apparent reinforcement or the reinforcement is delayed for a long time. Bandura (e.g., 1 971a) argues for a social learning theory approach to modeling. Here modeling is seen as providing information that the person acquires as symbolic representations of the modeled event. Bandura suggests four processes are involved: attentional processes, retention processes, motor reproduction processes, and incentive or motivational processes.

*Attentional processes*regulate the sensory input and perception of the modeled event. Included here are attributes of the model that attract attention and incentives (e.g., possible reinforcement) to attend to the event. Retention processes refer to coding processes by which the observed event is translated into a guide for future performance. Note that what is stored is not simply what was observed, but a coded representation, perhaps abstracting information from several events or sources. Retention processes also include rehearsal of the experiences within the symbolic system. Retention may be facilitated by having the client or model summarize or describe what happened and/or have the client practice the modeled behavior. Motor reproduction processes refer to the integration of various constituent acts into new response patterns, while incentive or motivational processes determine whether observationally acquired responses will be performed. According to Bandura, the role of reinforcement and incentives is to facilitate attention to the modeled event and encourage rehearsal and translation into overt behavior. Thus it is often desirable to have the model receive reinforcement for his behaviors or have the model the one who controls the reinforcement the observer may receive.

I turn now to some of the applications of modeling to behavior change. But it is important to remember that modeling, like most other approaches, is most effective when coupled with other procedures. For example, in reducing fears contact desensitization (see Chapter 5), a combination of modeling and guided participation, is generally more effective than just modeling. And in operant conditioning (see Chapter 7) modeling is an effective way to get behaviors to occur, while reinforcement maintains the behavior after it occurs. Similarly, much of the reasoning and strategies of behavior change discussed in previous chapters are applicable to modeling. For example, the gradual approach of hierarchies and shaping is often useful. In acquiring new social skills the client may be exposed to models that behave in gradual approximations to the final complex behaviors. Or in reducing a fear the client may be exposed to models that gradually approach the feared object.

**INITIATING AND ENHANCING BEHAVIOR**

Modeling is often an effective way to get behaviors to initially occur, for the person can simply be shown what to do and encouraged to imitate. Thus modeling plus reinforcement is a more effective way to teach a child to tie his shoes than is shaping. Modeling plus reinforcement is also sometimes less dangerous than shaping, as in teaching a person to swim or drive a car. In clinical settings role-playing and *behavioral rehearsal*are useful adjuncts to modeling. Here the client is exposed to a model demonstrating the desired behaviors. Then the client practices the modeled behaviors in situations simulated in the clinic. From here the client can be gradually faded into similar situations in the real world.

Children pick up many behaviors by modeling their parents. Modeling plays an important role in the acquisition of language, social and sexual roles, and simple mannerisms, When Benita was two she saw that her pregnant mother said ooh whenever she bent over. Soon Benita was saying ooh whenever she bent over. Similarly, children acquire many of their parents fears and prejudices. Teachers are also important models for many children, which points out the need for a wider variety of types (e.g., sex and race) of elementary school teachers to provide significant models for students of different types.

O Connor (1969) used modeling to overcome severe social withdrawal in some nursery schoolchildren. The children were shown a film depicting increasingly more active, positive, social interactions among children. The narrative soundtrack emphasized the appropriate behavior of the models. Viewing this film increased the observers social interaction to a level equal to other children. In a later variation of this study, O Connor (1972) compared the effects of seeing the modeling film or a control film coupled with the presence or absence of later social reinforcement for social interaction. He found that modeling by itself was faster than social reinforcement by itself and the behavior changes following modeling, with or without reinforcement, were more stable than the changes following just social reinforcement. This suggests that adding reinforcement did not significantly change the effects due to modeling alone. But perhaps there was a ceiling effect: there was little more room for improvement following modeling.

Altruistic behavior can also be enhanced by modeling. If children are exposed to models who show altruistic behavior, such as giving or helping, the children will often imitate this type of behavior (Bryan & London, 1970). Bryan and Test (1967) have reported a number of naturalistic studies of altruism with adults. In one study an undergraduate female was stationed beside a control car with a flat tire so that she was conspicuous to passing traffic. In the model condition another car, located one-quarter mile down the road, had a girl watching a male changing a flat tire. In the no-model condition there was only the control car. Significantly more people (mostly men) stopped their cars to help the control girl in the model condition than in the no-model condition.

Social and vocational skills can be taught via modeling. Juvenile delinquents may learn by modeling and behavioral rehearsal such skills as how to apply for a job or how to resist social pressure for undesired activities (Sara- son & Ganzer, 1 973). People on welfare may learn personal and vocational skills. And this training can be incorporated into broader programs such as a token economy.

In therapeutic contexts live and filmed models may be used to facilitate a client talking about his problems or verbalizing more in group settings (see Marlatt & Perry, 1975). This is similar to model-reinforcement counseling mentioned in the previous chapter.

From the discussion so far it would probably be expected that exposing people to scenes of violence would increase the observers tendency to act violently. This seems to be the case as supported by studies by researchers such as Berkowitz (1971) and Bandura. For example, in one experiment (Bandura et al., 1961) some nursery schoolchildren watched an adult model be aggressive toward a large, inflated plastic doll; others watched the same model act nonaggressively toward the doll; and others had no exposure to models. After being mildly frustrated, the children were given access to the doll. The children who had seen the aggressive model imitated many of the model s aggressive behaviors; the other children showed significantly less aggressive behavior. Observation of the news over the last few years shows how types of violent acts occur in clusters: mass killings, burning slums, campus riots, sky-jackings, and political kidnappings. Although there are many reasons for these different acts, the time and way in which they occur suggest that exposure to models may be important in the occurrence of these events.

On the other hand, many theorists argue for a catharsis theory, which suggests that viewing violence may act as an outlet for observers and hence they will tend to be less aggressive. Although this may be true to some degree in some situations, overall the evidence does not seem to support this position (Bryan & Schwartz, 1971). Some theorists are developing more specialized variations of the catharsis theory. For example, Manning and Taylor (1975) distinguish between hostility and aggression. Aggression is inflicting harm without intention, while hostility is the emotional response resulting from a situation perceived by the individual as anger inducing. They suggest that viewing violence may increase aggression and/or decrease hostility.

If viewing aggression may increase aggression, this has important implications for television where violence attracts viewers and sponsors. The average viewer may see several acts of violence each day, and shows often increase violence in competition with each other. Congress at various times has been concerned with this issue and often suggests a reduction in televisionviolence. Although the data are mixed, with the qualifications given below there seems to be good evidence that viewing violence on television increases aggression in some children (Goranson, 1975; Liebert & Neale, 1972; Murray, 1973), with some of the effect perhaps more with boys than girls (Eron et al., 1972). In October 1973 the movie *Fuzz*was shown on television in Boston. The movie was a police drama set in Boston in which teen-agers burn a derelict to death for kicks. Two nights later six youths in Boston set upon a young woman carrying a can of gasoline to her car and burned her to death.

A number of qualifications need to be made regarding the literature on viewing violence. First, examples such as the Boston one do not show that seeing the movie made the youths more aggressive. It does suggest that modeling may have affected the form their aggression took. Laboratory studied have often frustrated or irritated the subjects to accentuate the effects of the modeling. Also, the fact that a model increases a person s tendency to be aggressive does not mean the person will act more aggressively. This is just one factor affecting the person s behavior. The person s final behavior will also depend on other circumstances and learning. Thus a child in a laboratory setting in which sanctions against aggression have been minimized will tend to be more aggressive after aggressive modeling, while one of you leaving a violent movie may not act more aggressive because of other influences on your behavior. The effects of viewing a particular act generally decrease with time, although we do not know how effects from many exposures to violence may cumulatively build up over time. There is also some evidence (e.g., Meyer, 1 972) that viewing justified violence has a greater tendency to increase aggression than viewing unjustified violence. But given all these qualifications, there still seems to be evidence that viewing aggression often increases aggression.

One study compared children who had seen a lot of television and resulting violence with children who had seen much less (Cline et al., 1973). The children who had seen a lot were significantly less autonomically aroused by a violent film. Perhaps exposure to violence has a desensitization effect so that one becomes less aroused by violence. This may be one factor in the development of some people s apathy to violence and the need for more violence to be exciting. There is the famous case of the girl in New York who was assaulted, raped, and murdered over a period of one half hour while more than 40 people were aware of her distress. Yet no one came to her aid directly or indirectly, such as calling the police.

Similar modeling effects have been observed with suicides. After a suicide has been publicized in a newspaper, there is a rise in the suicide rate in the area the paper serves. The more publicity devoted to the suicide story, the larger the rise in suicides (Phillips, 1974).

**ASSERTIVE TRAINING**

Many people are inappropriately unassertive. They are not standing up for their rights or honestly and openly expressing their feelings and opinions. Thus they are not as personally, socially, and professionally successful as they might be. This leads to such things as feelings of inadequacy and various anxieties. Numerous questionnaires (see Chapter 2) are being devised to identify non-assertive behaviors in clients. Unassertive people include men who are overly shy about asking women for dates, workers who are afraid to approach their bosses for raises, people in their 20s and 30s who are still dominated by a parent, people who wish to change the nature of their relationship with their partners but stay stuck in the old behavior patterns, people who have trouble openly expressing their feelings, people who are overly apologetic or have trouble saying no, people who are easily manipulated or easily hurt, and people who are intimidated by salesclerks, waitresses, or teachers. Such people profit from *assertive training,*teaching the client appropriate assertive behaviors for various situations (Alberti & Emmons, 1974, 1975; Dawley & Wenrich, 1976; Lange & Jakubowski, 1976; Smith, 1975). In a culture that primarily supports assertive behavior only in white adult males, many programs and materials are being developed especially for women (Baer, 1976; Phelps & Austin, 1975); minorities (Cheek, 1976), and children.

Assertive behavior is in between unassertive behavior and aggressive behavior. Assertive training is not intended to make the person aggressive, a common error in some group therapy programs, but to teach the person reasonable, appropriate, effective, assertive behaviors. What such behaviors are naturally vary with the clients and the situations they encounter. Assertive training then is equally applicable with clients who are too aggressive, but such cases are less frequent than unassertive cases. Much of assertive training is discrimination learning, for the client generally does not know what the appropriate assertive behavior is or is ineffectual at acting in an assertive manner. Thus modeling is often used to demonstrate the desired behavior. Assertive training is done in many different ways, so the description in this discussion is only meant to be one composite, mentioning many of the common components. Also, as generally true in behavior modification, assertive training is often best when coupled with other procedures such as anxiety-control, desensitization, or the cognitive approaches of the next chapter. Assertive training is also sometimes useful for someone related to the client, as assertive training may be desirable for the spouse of an alcoholic to help in the program to reduce drinking.

A good first step is to discuss the client s assertive rights with him, perhaps based on the client s readings of such rights (e.g., Alberti & Emmons, 1974; Smith, 1975). Examples of these rights are You have the right to change your mind and You have the right to say no, without feeling guilty. Some unassertive clients feel they have no right to be assertive; and this needs to be dealt with first. For example, a woman in marriage counseling may feel she has no right to question her husband about how the family money is spent. Whether she does have the right is an ethical question for which there is no correct answer. But the issue probably needs to be confronted.

The next step is the actual training of assertive behavior. This includes non-verbal behaviors such as eye contact, posture, gestures, and facial expressions, as well as verbal behaviors such as the tone, inflection, and volume of the voice. Generally, most important is the content of what is said, including basic communication skills, expressions of feelings such as positive caring feelings or constructive anger, and verbalizations geared toward specific situations. Most of the training should center around simulations of actual situations in which the client needs to be more assertive. Thus for the male who is shy about asking out girls, training in the clinic may simulate a situation, such as a student union, where the client wishes to be able to approach girls. This may involve arranging furniture in the clinic to resemble the union, having a female practitioner play the part of some particular girl, and so forth.

In the simulation of a specific situation the practitioner now models the appropriate assertive behavior. Alternative modeling might use videotaped models, written descriptions of models behavior, or *covert modeling*in which the client imagines the model (e.g., Kazdin, 1975a). After observing the model, the client engages in *behavioral rehearsal,*imitating and practicing the modeled behaviors. This is accompanied by feedback from the practitioner, including suggestions for improvement and social reinforcement. Videotapes of the client is another good form of feedback. During the training the client practices assertive behavior in different variations of the different situations, including various possible reactions of the other people involved. For example, a client may have trouble returning incorrectly cooked food in a restaurant. Assertive training for having the waitress take the food back would involve the simulation of many possible reactions of the waitress. In the clinic the client would also be taught *covert rehearsal,*practicing in the imagination, particularly at home, what was carried out in behavioral rehearsal. A strength of behavioral and covert rehearsal is that the client becomes prepared with things to say and do in situations that probably used to catch him off guard. During training the client may also assume the role of another person (e.g., waitress, mother), a procedure called *role reversal,*as practice in seeing the situations from the other s viewpoint.

As the client develops his assertive skills in the clinic he is gradually phased into the real world through a series of behavioral assignments. Here shaping and hierarchies are kept in mind as the client begins being more assertive in fairly simple situations and is gradually moved into more difficult situations. If the person has learned appropriate assertive behaviors, his experiences being more assertive will be reinforcing and naturally support his new behaviors. Therefore it is necessary that the client not learn things which will get him punished, as from someone who does not wish him to change. The client may be taught to take small steps with the people he will encounter. Related to this is that the client may have a fear, justified or not, about the consequences of his becoming more assertive.

Assertive training can also be carried out in small groups (Lange & Jakubowski, 1976; Liberman et al., 1 975). Advantages to assertive training in groups include the fact that with more people you can have a greater variety of models and can better approximate some social situations, the groups can provide support and reinforcement to the individual, and the individual can learn from watching others be assertive. Possible disadvantages to using a group are that less time is spent with the individual, the program is less individualized, or working in a group is initially too anxiety-producing for the client.

Assertive training in some form is one of the most common practices currently in use by behavior therapists. In the last few years it also became popular among practitioners of many different orientations. Although there is a body of research related to its effectiveness (Hersen et al., 1973; Rich & Schroeder, 1976), it is still a relatively new field of inquiry. The practice contains so many components it will be some time before we can evaluate the relative importance of the different components, let alone begin parametric studies. Then there is the whole question of how assertive training packages with other approaches for different types of clients with different types of problems.

**OVERCOMING FEARS**

Modeling has been shown to be an effective way to reduce fears. Here the client observes the model gradually approach the feared situation with no bad results. For example, a girl with a fear of snakes may watch another girl gradually approach and handle snakes without the snakes hurting her. Modeling to reduce fears has several effects, including providing information that there is no real cause for fear, motivating the client to act as the model, and reducing the fear through extinction or counterconditioning.

One study involved young children with a fear of dogs (Bandura et al., 1967). One group of subjects watched a fearless peer model gradually exhibit, without adverse effects, progressively more interactions with a dog. Some of these subjects observed the model while in a positive party context; the others observed from a neutral context. One control group just observed the dog from the positive context; and another control group just participated in positive activities, but never saw the model or the dog. Subjects were then given avoidance tests with dogs. The subjects who had been exposed to the model showed less fear of dogs than subjects from the control groups, but there were no significant differences between the two modeling subgroups.

Another study investigated the effects of modeling plus gradual counter- Conditioning on the reduction of dental phobias (Shaw & Thoresen, 1 974). The subjects were trained in relaxation and shown videotapes of models in dental chairs. The subjects were to imagine themselves in the modeled situations, which were presented in a hierarchial order, in which the rate of moving through the scenes was determined by the subject s report of fear. Other subjects were given a variation of desensitization, which was the same as the modeling group, except the scenes were presented on audiotape and imagination was interrupted if anxiety was reported. Both treatments were effective as far as increasing the subjects going to the dentist and having dental work done. The modeling was more effective than the desensitization. The two treatments also produced about equal changes in attitudes toward dentists and dental work.

Because this type of modeling can be accomplished with films, it readily lends itself to group treatment. It could also be the basis for preventative programs directed at common sources of anxiety. Similarly, cartoons and children s books could be geared toward reduction of common fears.

In practice the use of modeling to reduce fears is often most effective when accompanied by such procedures as relaxation training, gradual approaches to the feared situation (a hierarchy), guidance and encouragement to later approach the feared situation, and reinforcement for participation and progress as well as for learning alternative behaviors. Many of these components are in contact desensitization (Chapter 5). Also, because many of these components occur in various studies of fear reduction, it is often difficult to determine the relative importance of the various components.

There are mixed results on the effects of similarity of model to client in fear reduction (e.g., Bandura & Barab, 1973; Kornhaber & Schroeder, 1975). However, the following is often true: If the model is very similar to the client, then the client may perceive that what happens to the model is relevant to him. Hence this is generally a good type of model. In some cases if the model is dissimilar, it may have a motivating effect. Thus an adult who watches a child model may decide that if the child can do it so can he (Bandura & Barab, 1973).

It also is not best if the model is too calm when approaching the feared situation. For this may make the model seem too unreal, may make the model too dissimilar to the client, or may make the client more anxious because he sees someone being calm where he can not be calm. Thus several researchers (e.g., Kazdin, 1973a; Meichenbaum, 1971) have found that coping models, who begin anxious and overcome their fears, are more effective than mastery models, who are always fearless.

In all modeling the models may be imagined models, an approach called *covert modeling.*This has been demonstrated in the reduction of fear of rats (Cautela et al., 1974) and fear of snakes (Kazdin, 1973a). A gradual covert modeling coupled with relaxation becomes very similar to imaginal desensitization. A major difference is whether the client imagines himself or someone else gradually approaching the feared situations. Also in desensitization he should live the scenes rather than picture himself in the scenes.

Finally, there are some studies on vicarious desensitization suggesting that test anxiety can be reduced by having the subjects watch videotapes of models going through desensitization for test anxiety (Hall & Hinkle, 1 972; Mann, 1972). More research is needed to determine what is going on. Part of the effect may be because of modeling and/or the subject actually going through desensitization with the model.

**ENHANCING EMOTIONAL RESPONSES**

**AND INHIBITIONS**

A person s emotional reactions may be acquired or enhanced by watching models in pleasurable or painful situations. For example, the movie *Jaws*depicted shark attacks on swimmers. The result of this popular movie was that many people acquired a fear of swimming in the ocean, and others stayed closer to shore than they had before. Similarly, people acquire attitudes and prejudices toward people they have never met and places they have never been partly from models in books, television, and movies.

Inhibitions may also be induced in a person from watching a model being punished. After seeing someone being given a ticket on the highway, we may slow down, even though it may now be less probable we will be stopped because the police are involved with the other person.

Overall, modeling is a powerful and useful component of behavior modification, particularly when coupled with other approaches. It is not clear whether modeling is a totally different type of learning than that discussed in previous chapters or whether it is merely these types of learning occurring at a more cognitive or symbolic level. This will perhaps become clearer in the next chapter when I consider approaches specifically geared toward cognitions.

**SUMMARY**

Modeling refers to behavior changes that result from the observation of a model, generally another person or fictional character. The model may be live, imagined (covert modeling), or presented via television, film, books, and so forth. People incorporate behaviors and strategies from various models into their own behavioral repertoire, modifying them according to their experience. Modeling can be used to initiate and enhance behaviors: It plays a key role in the socialization of children and affects the fears and altruistic behaviors they acquire. Modeling can be used to teach social and Vocational skills to juveniles and adults. There is evidence that viewing violence may tend to make some people more aggressive; however, whether the person acts aggressively or not depends on the situation and other determinants of behavior. Modeling Can also be used to help overcome fears by observing a model approach a feared situation without adverse effects. There is some evidence here that a coping model, who begins anxious and overcomes his fears, may be more effective than a mastery model, who is always fearless. Finally, modeling may also enhance emotional responses and/or inhibitions. Modeling is usually a major component in assertive training, which may include other components such as discrimination learning, teaching communication skills, behavioral rehearsal and covert rehearsal, feedback, shaping, role reversal, and behavioral assignments.

**THOUGHT QUESTIONS**

|  |  |
| --- | --- |
| 1. | Describe the characteristics of effective models for each of the following: teaching social behaviors to juvenile delinquent boys, helping women on welfare overcome anxiety related to job interviews, and using short films on television to encourage people who just became of legal age to vote in an election. |
| 2. | How much impact do you think television has on the behaviors in our culture? Why? |
| 3. | Give four naturalistic examples of modeling you have observed in the real world, including one emotional reaction that was acquired or enhanced. |
| 4. | List three behaviors you have recently acquired via modeling. |
| 5. | Parents often act in ways appropriate for adults, but not for children. What are the implications of this for child rearing? List five common behaviors (e.g., smoking cigarettes, handling conflict with aggression) that you as a parent would try not to do around your children. |
| 6. | You are a counselor in an elementary school where there is a lot of fighting. How would you use modeling as part of your program to reduce fighting? |
| 7. | Describe a modeling film to be used at a summer camp to help children overcome their fear of the water. |
| 8. | Outline a program, using contact desensitization with a coping model, for a mental patient to overcome anxiety about attending group therapy. |
| 9. | Describe a laboratory situation that would maximize the subjects acting aggressively after seeing a violent movie. |
| 10. | Assuming violence on television results in more aggression in our culture, what should be done about it? Why? What about some form of censorship? What about the constitutional rights of the media? |
| 11. | Consider your answer to question number 30 of the last chapter. Expand your answer to now also include covert modeling and covert rehearsal. |
| 12. | Take an example of modeling and describe with specifics what may be happening in each of the four processes of the social learning theory account of modeling. |
| 13. | Outline a purely operant account of modeling that handles the problems given in the text for such operant theories. |
| 14. | Give three different possible explanations for vicarious desensitization of test anxiety. Describe an experiment that would help decide among these explanations. |
| 15. | For each of the following give an example of an unassertive, assertive, and aggressive verbal response: (a) saying 'No to a persistent insurance salesman, (b) demanding to see the manager of a store to a clerk who is reluctant to get the manager, and (c) asking a friend not to drive because he is too drunk, although he refuses to admit it. |
| 16. | Your client is a w9man who is totally dominated by her husband, a relationship that for years has been satisfactory to both of them. However during the last year many of her friends have been working to liberate her and change the way she acts toward her husband. The resulting conflict brought her to you. Is your assertive training geared toward her behaviors toward her husband and/or her friends? Why? What if your client is a man dominated by his wife? |
| 17. | Outline an assertive training program for a hypothetical case of a young college man who lives with his mother, takes courses his mother selects, and has to meet his girlfriend secretly since his mother does not approve of her. Be sure to be understanding and compassionate toward the mother. |

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