History
Maltreatment of the mentally ill throughout the ages was the result of irrational views (demonic possession, witchcraft, infection). Many patients were subjected to strange, debilitating, and downright dangerous treatments.

Therapies
Psychotherapy involves an emotionally charged, confiding interaction between a trained therapist and a patient/client.

Biomedical therapy uses drugs or other procedures that act on the patient’s nervous system, with the aim of curing him or her of psychological disorders.

An eclectic approach uses various forms of healing techniques depending upon the client’s unique problems.

History: Reform
Philippe Pinel in France and Dorothea Dix in America founded humane movements to care for the mentally ill.
Psychological Therapies

We will look at four major forms of psychotherapies based on different theories of human nature:

- Psychoanalysis
- Humanistic Therapy
- Behavioral Therapies
- Cognitive Therapies

(1) Psychoanalysis

The first formal psychotherapy to emerge was psychoanalysis, developed by Sigmund Freud in late 19th early 20th centuries.

Psychoanalysis: Aims

Since psychological problems originate from childhood repressed impulses and conflicts, the aim of psychoanalysis is to bring repressed feelings into conscious awareness where the patient can deal with them.

When energy devoted to id-ego-superego conflicts is released, the patient’s anxiety lessens.

Psychoanalysis: Methods

Dissatisfied with hypnosis, Freud developed the method of free association to unravel the unconscious mind and its conflicts.

The patient lies on a couch and speaks about whatever comes to his or her mind.
Psychoanalysis: Methods

During free association, the patient edits his/her thoughts, resisting his/her feelings to express emotions. Such resistance becomes important in the analysis of conflict-driven anxiety.

Eventually the patient opens up and reveals his/her innermost private thoughts, developing positive or negative feelings (transference) towards the therapist.

Psychoanalysis: Criticisms

1. Psychoanalysis is hard to refute because it cannot be proven or disproven. (e.g., unconscious motivation)
2. Psychoanalysis takes a long time and is very expensive.
3. No evidence of effectiveness relative to other therapeutic methods.
4. But, some folks really like it, and they find it to be (an expensive) journey of self-discovery.

Modern Psychodynamic Therapies

Influenced by Freud, in a face-to-face setting, psychodynamic therapists seek to understand symptoms and themes across important relationships in a patient’s life (e.g., interpersonal therapy for depression).

(2) Humanistic Therapies

Humanistic therapists aim to boost self-fulfillment by helping people grow in self-awareness and self-acceptance.
Person-Centered Therapy

Developed by Carl Rogers, person-centered (client centered) therapy is a form of humanistic therapy.

The therapist listens to the needs of the patient in an accepting and non-judgmental way, addressing problems in a productive way and building his or her self-esteem.

Humanistic Therapy

The therapist engages in active listening and echoes, restates, and clarifies the patient’s thinking, acknowledging expressed feelings.

[http://www.youtube.com/watch?v=m30jsZx_Ngs&feature=related](http://www.youtube.com/watch?v=m30jsZx_Ngs&feature=related)

(3) Behavior Therapy

Therapy that applies learning principles (classical, operant, vicarious) to the elimination of unwanted behaviors.

To treat phobias or sexual disorders, behavior therapists do not delve deeply below the surface looking for inner causes.

Classical Conditioning Techniques

Counterconditioning is a procedure that conditions new responses to stimuli that trigger unwanted behaviors.

It is based on classical conditioning and includes exposure therapy and aversive conditioning.
Exposure Therapy

- Expose patients to things they fear and avoid. Through repeated exposures, anxiety lessens because they habituate to the things feared.
  - Should include as many features of the trigger as possible
  - Should be conducted in as many settings as possible

Systematic Desensitization

A type of exposure therapy that associates a pleasant, relaxed state with gradually increasing anxiety-triggering stimuli commonly used to treat phobias.

Aversive Conditioning

A type of counterconditioning that associates an unpleasant state with an unwanted behavior. With this technique, temporary conditioned aversion to alcohol has been reported.

See *Clockwork Orange*: sexual arousal paired with shock
Operant Conditioning
Operant conditioning procedures enable therapists to use behavior modification, in which desired behaviors are rewarded and undesired behaviors are either unrewarded or punished.

A number of withdrawn, uncommunicative 3-year-old autistic children have been successfully trained by giving and withdrawing reinforcements for desired and undesired behaviors.

Not always effective?

Token Economy
In institutional settings therapists may create a token economy in which patients exchange a token of some sort (chips, points, etc.), earned for exhibiting the desired behavior, for various privileges or treats.

Advantages are that immediate reinforcements can disrupt the flow of learning and the individual can habituate quickly to their reinforcing properties.

Tokens require delay of reinforcement and reward saving, both ways to reduce habituation.

(4) Cognitive Therapy
Teaches people adaptive ways of thinking and acting based on the assumption that thoughts intervene between events and our emotional reactions.

(A. Ellis, 1955)

Cognitive Therapy for Depression
Aaron Beck (1979) suggests that depressed patients believe that failure means they can never be happy (thinking) and thus associate minor failings (e.g. failing a test [event]) in life as major causes for their depression.

Beck believes that cognitions such as “I can never be happy” need to change in order for depressed patients to recover. This change is brought about by gently questioning patients.
Stress Inoculation Training

Meichenbaum (1977, 1985) trained people to restructure their thinking in stressful situations. Instead of thinking “I’m going to fail,” he encourages people to think: “Relax, the exam may be hard, but it will be hard for everyone else too. I studied harder than most people. Besides, I don’t need a perfect score to get a good grade.”

Motivation Framing: Promotion vs. Prevention

Cognitive-Behavior Therapy

Cognitive therapists often combine the reversal of self-defeated thinking with efforts to modify behavior.

Cognitive-behavior therapy aims to alter the way people act (behavior therapy) and alter the way they think (cognitive therapy).

This is the most popular form of therapy at the present.

Group Therapy

Group therapy normally consists of 6–9 people attending a 90-minute session that can help more people and costs less. Clients benefit from knowing others have similar problems.

Family Therapy

Family therapy treats the family as a system. If you do therapy with the alcoholic, but his family continues to do things that encourage drinking (enabling), then the therapy will fail.

Therapy guides family members toward positive relationships and improved communication.
Who do people turn to for help with psychological difficulties?

- Physicians: 44.4%
- Mental health specialists: 38.8%
- Other professionals (e.g., clergy): 16.8%

Within psychotherapies cognitive therapies are most widely used, followed by psychoanalytic and family/group therapies.

Is Psychotherapy Effective?

It is difficult to gauge the effectiveness of psychotherapy because there are different levels upon which its effectiveness can be measured.

1. Does the patient sense improvement?
2. Does the therapist feel the patient has improved?
3. How do friends and family feel about the patient’s improvement?

Client’s Perceptions

If you ask clients about their experiences of getting into therapy, they often overestimate its effectiveness. Critics, however, remain skeptical.

1. Clients enter therapy in crisis, but crisis may subside over the natural course of time (regression to normalcy or, regression to the mean).
2. Clients may need to believe the therapy was worth the effort.
3. Clients generally speak kindly of their therapists.
Clinician’s Perceptions

Like clients, clinicians believe in therapy’s success. They believe the client is better off after therapy than if the client had not taken part in therapy.

1. Clinicians are aware of failures, but they believe failures are the problem of other therapists.
2. If a client seeks another clinician, the former therapist is more likely to argue that the client has developed a new psychological problem.
3. Clinicians are likely to testify to the efficacy of their therapy regardless of the outcome of treatment.

Outcome Research

How can we objectively measure the effectiveness of psychotherapy?

Meta-analysis of a number of studies suggests that thousands of patients benefit more from therapy than those who did not go to therapy.

Outcome Research

Research shows that 80% of untreated people have poorer outcomes than the average treated person.

Does therapy work?

- Consumer Reports (1995)
  - Treatment by a mental health professional usually worked. Most respondents got a lot better.
    - Of the 426 people who were feeling very poor when they began therapy, 87% were feeling very good, good, or at least so-so by the time of the survey
  - Long-term therapy produced more improvement than short-term therapy.
  - There was no difference between psychotherapy alone and psychotherapy plus medication for any disorder
  - Family doctors did just as well as mental health professionals in the short term, but worse in the long term.
  - Active shoppers and active clients did better in treatment than passive recipients
Best supported treatments from randomized clinical trials

- **Anxiety Disorders**
  - Cognitive/Behavior
  - Exposure
- **Depression**
  - Cognitive/Behavior
  - Interpersonal
- **Marital discord**
  - Behavioral therapy
- **Borderline personality disorder**
  - Dialectical behavior therapy

Therapies that Don’t Work
(Lindenfeld, 2007)

- Critical incident stress debriefing
- Scared straight
- Facilitated communication
- Rebirthing therapy
- Recovered memories
- DARE
- Boot camp for conduct disorder

Common Factors Across Psychotherapies

- **Support factors:**
  - Empathy, acceptance
- **Learning factors:**
  - Feedback, new ideas
- **Action factors:**
  - Assessment and treatment occur quickly
  - Specific suggestions for action
    - Example: Relaxation training

The Relative Effectiveness of Different Therapies

Which psychotherapy would be most effective for treating a particular problem?

<table>
<thead>
<tr>
<th>Disorder</th>
<th>Therapy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Depression</td>
<td>Behavior, Cognition, Interpersonal</td>
</tr>
<tr>
<td>Anxiety</td>
<td>Cognition, Exposure, Stress Inoculation</td>
</tr>
<tr>
<td>Bulimia</td>
<td>Cognitive-behavior</td>
</tr>
<tr>
<td>Phobia</td>
<td>Behavior</td>
</tr>
<tr>
<td>Bed Wetting</td>
<td>Behavior Modification</td>
</tr>
<tr>
<td>Existential Insight</td>
<td>Psychoanalysis?</td>
</tr>
</tbody>
</table>
Evaluating Alternative Therapies

Lilienfeld (1998) suggests comparing scientific therapies against popular therapies through electronic means. The results of such a search are below:

<table>
<thead>
<tr>
<th>Topic</th>
<th>Psychology Journal Citations</th>
<th>Web Sites**</th>
<th>Ratio</th>
</tr>
</thead>
<tbody>
<tr>
<td>Systematic desensitization</td>
<td>2,300</td>
<td>56,800</td>
<td>1 to 25</td>
</tr>
<tr>
<td>Therapeutic touch</td>
<td>94</td>
<td>393,000</td>
<td>1 to 4,244</td>
</tr>
<tr>
<td>SL (treat-wait herbal method)</td>
<td>200</td>
<td>3,200,000</td>
<td>16 to 16,000</td>
</tr>
<tr>
<td>EMDR (personality typing)</td>
<td>32</td>
<td>775,000</td>
<td>1 to 24,800</td>
</tr>
</tbody>
</table>

*Using PsycINFO, January 2000  **Using Google, January 2000

Eye Movement Desensitization and Reprocessing (EMDR)

In EMDR therapy, the therapist attempts to unlock and reprocess previous frozen traumatic memories by waving a finger in front of the eyes of the client.

EMDR has not held up under scientific testing.

Light Exposure Therapy

Seasonal Affective Disorder (SAD), a form of depression, has been effectively treated by light exposure therapy. This form of therapy has been scientifically supported.
Commonalities Among Psychotherapies

Three commonalities shared by all forms of psychotherapies are the following:

1. A hope for demoralized people.
3. An empathic, trusting and caring relationship.

Culture and Values in Psychotherapy

Psychotherapists may differ from each other and from clients in their personal beliefs, values, and cultural backgrounds.

A therapist search should include visiting two or more therapists to judge which one makes the client feel more comfortable.

Therapists & Their Training

Clinical psychologists: They have PhDs mostly. They are experts in research, assessment, and therapy, all of which is verified through a supervised internship.

Clinical or Psychiatric Social Worker: They have a Masters of Social Work. Postgraduate supervision prepares some social workers to offer psychotherapy, mostly to people with everyday personal and family problems.

Therapists & Their Training

Counselors: Pastoral counselors or abuse counselors work with problems arising from family relations, spouse and child abusers and their victims, and substance abusers.

Psychiatrists: They are physicians who specialize in the treatment of psychological disorders. Not all psychiatrists have extensive training in psychotherapy, but as MDs they can prescribe medications.
The Biomedical Therapies

These include physical, medicinal, and other forms of biological therapies.

1. Drug Treatments
2. Surgery
3. Electric-shock therapy

Drug Therapies

Psychopharmacology is the study of drug effects on mind and behavior.

With the advent of drugs, hospitalization in mental institutions has rapidly declined.

Double-Blind Procedures

To test the effectiveness of a drug, patients are tested with the drug and a placebo. Two groups of patients and medical health professionals are unaware of who is taking the drug and who is taking the placebo.

However, many patients are left homeless on the streets due to their ill-preparedness to cope independently outside in society.
Schizophrenia Symptoms

<table>
<thead>
<tr>
<th>Inappropriate symptoms present (positive symptoms)</th>
<th>Appropriate symptoms absent (negative symptoms)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hallucinations, disorganized thinking, delusions.</td>
<td>Apathy, expressionless faces, rigid bodies.</td>
</tr>
</tbody>
</table>

Antipsychotic Drugs

**Classical antipsychotics** [Chlorpromazine (Thorazine)]: Remove a number of positive symptoms associated with schizophrenia such as agitation, delusions, and hallucinations.

**Atypical antipsychotics** [Clozapine (Clozaril)]: Remove negative symptoms associated with schizophrenia such as apathy, jumbled thoughts, concentration difficulties, and difficulties in interacting with others.

Atypical Antipsychotic

Clozapine (Clozaril) blocks receptors for dopamine and serotonin to remove the negative symptoms of schizophrenia.

Antianxiety Drugs

Antianxiety drugs (Xanax and Ativan) depress the central nervous system and reduce anxiety and tension by elevating the levels of the Gamma-aminobutyric acid (GABA) neurotransmitter.
Antidepressant Drugs

Antidepressant drugs like Prozac, Zoloft, and Paxil are Selective Serotonin Reuptake Inhibitors (SSRIs) that improve the mood by elevating levels of serotonin by inhibiting reuptake.

Mood-Stabilizing Medications

Lithium Carbonate, a common salt, has been used to stabilize manic episodes in bipolar disorders. It moderates the levels of norepinephrine and glutamate neurotransmitters.

Brain Stimulation

Electroconvulsive Therapy (ECT)

ECT is used for severely depressed patients who do not respond to drugs. The patient is anesthetized and given a muscle relaxant. Patients usually get a 100 volt shock that relieves them of depression.

Alternatives to ECT

Transcranial Magnetic Stimulation (TMS)

In TMS, a pulsating magnetic coil is placed over prefrontal regions of the brain to treat depression with minimal side effects.
Psychosurgery was popular even in Neolithic times. Although used sparingly today, about 200 such operations do take place in the US alone.

Psychosurgery is used as a last resort in alleviating psychological disturbances. Psychosurgery is irreversible. Removal of brain tissue changes the mind.

Modern methods use stereotactic neurosurgery and radiosurgery (Laksell, 1951) that refine older methods of psychosurgery.

“IT is better to prevent than cure.”

Peruvian Folk Wisdom

Preventing psychological disorders means removing the factors that negatively affect society. Those factors may be poverty, meaningless work, constant criticism, unemployment, racism, and sexism.
Psychological Disorders are Biopsychosocial in Nature

**Biological considerations:** Biological mechanisms, including drug therapy, diet, and physical activity, are essential in managing psychological disorders. For example, a patient diagnosed with bipolar disorder might require mood stabilizing drugs to help manage their condition. These medications might include medications that reduce the symptoms of mania and depression.

**Psychological considerations:** Therapy can help patients gain insight into the patterns of thinking and behavior that are causing their distress and learning to make changes. For instance, a patient with anxiety might be helped to recognize the emotions and actions that exacerbate their anxiety and develop strategies to manage their anxiety.

**Social-cultural considerations:** Therapy can help people develop more adaptive responses to the social and cultural influences that affect their mental health. For example, cultural differences in the ways that stress is managed. The efficacy of therapy for minority groups depends on the degree to which therapists understand and incorporate cultural values, beliefs, and practices into the treatment plan.

**Family involvement:** Family therapy can be beneficial in addressing the impact of psychological disorders on family members. Family therapy can help family members understand the disorder, learn coping strategies, and improve communication and relationships.