Therapy

Chapter 15
PSY12000
Spring, 2010
Prof. Chris Eckhardt

1

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.

2

History: Reform

Philippe Pinel in France and Dorothea Dix in America founded humane movements to care for the mentally ill.

http://www.ihm.nlm.nih.gov

Philippe Pinel (1745-1826)

Culver Pictures

Dorothea Dix (1745-1826)

Dr. Philippe Pinel at the Salpétriére, 1795 by Robert Fleury.
Pinel removing the chains from patients
at the Paris Asylum for insane women.

3

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.

4

Psychological Therapies

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

- Psychoanalysis
- Humanistic Therapy
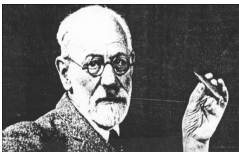- Behavioral Therapies
- Cognitive Therapies

5

(1) Psychoanalysis

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

Sigmund Freud's famous couch

6

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.

7

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.

8

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.

9

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.

10

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).

11

(2) Humanistic Therapies

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

12

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.

13

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

Michael Rougier / Life Magazine © Time Warner Inc

14

(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.

15

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.

16

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

THE FAR SIDE® By GARY LARSON
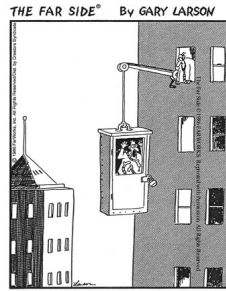
Professor Gallagher and his controversial technique of simultaneously confronting the fear of heights, snakes, and the dark.

17

Exposure Therapy

Exposure therapy involves exposing people to fear-driving objects in real or virtual environments.
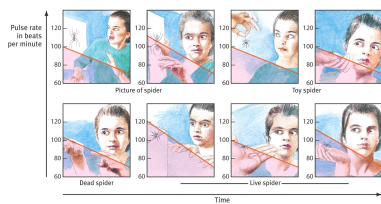
N. Rowe/ The Image Works

Both Photos: Bob Mahoney/ The Image Works

18

Systematic Desensitization

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

Pulse rate in beats per minute

Picture of spider — Toy spider

Dead spider — Live spider

Time

19

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.
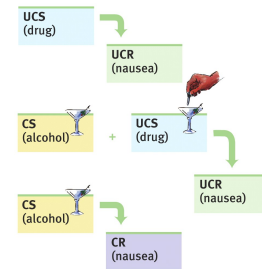
*See **Clockwork Orange**; sexual arousal paired with shock*

UCS (drug)

UCR (nausea)

CS (alcohol) + UCS (drug)

UCR (nausea)

CS (alcohol)

CR (nausea)

20

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!

21

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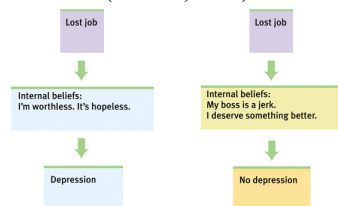
Tokens require delay of reinforcement and reward saving, both ways to reduce habituation.

22

(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)

23

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.

24

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

25

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.

26

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.

© Mary Kate Denny/ PhotoEdit, Inc.

27

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.

28

Evaluating Therapies

Who do people turn to for help with psychological difficulties?

Physicians: 41.6%

Other professionals (e.g., clergy): 19.8%

Mental health specialists: 38.6%
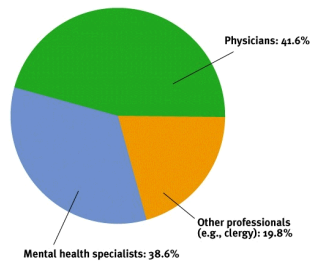
29

Evaluating Psychotherapies

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

Cognitive: 49%

Behavioral: 9%

Humanistic: 11%

Family/systems: 19%

Psychoanalytic/psychodynamic: 28%
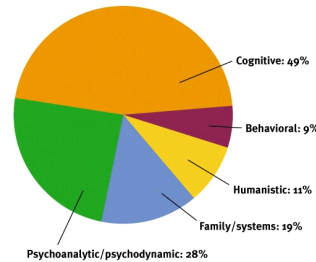
30

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?

31

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.

32

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.

33

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.

34

Outcome Research

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

Number of persons

Average untreated person

Average psychotherapy client

Poor outcome

Good outcome

80% of untreated people have poorer outcomes than the average treated person
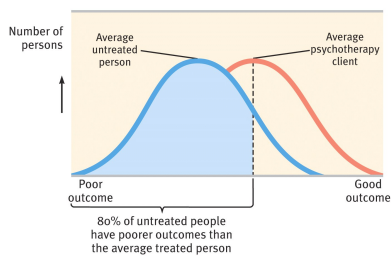
35

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
(Lilienfeld, 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?

Disorder	Therapy
Depression	Behavior, Cognition, Interpersonal
Anxiety	Cognition, Exposure, Stress Inoculation
Bulimia	Cognitive-behavior
Phobia	Behavior
Bed Wetting	Behavior Modification
Existential Insight	Psychoanalysis?

Evaluating Alternative Therapies

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

COMPARISON OF SCIENTIFIC PSYCHOLOGY CITATIONS AND UNFILTERED WEB SITES

Topic	Psychology Journal Citations*	Web Sites**	Ratio
Systematic desensitization	2,301	56,800	1 to 25
Therapeutic touch	94	383,000	1 to 4,074
St. John's wort (herbal remedy)	200	2,590,000	1 to 12,950
Enneagram (personality typing)	32	775,000	1 to 24,218

*Using PsycINFO, January 2006
**Using Google, January 2006

41

Evaluating Alternative Therapies

42

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.

43

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.

Courtesy of Christine Brune

44

Commonalities Among Psychotherapies

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

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

© Mary Kate Deny / PhotoEdit, Inc.

45

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.

46

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.

47

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.
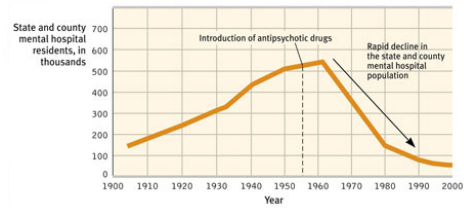
48

12

The Biomedical Therapies

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

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

49

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.

50

Drug Therapies

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

51

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.

52

Schizophrenia Symptoms

| Inappropriate symptoms present (positive symptoms)	Appropriate symptoms absent (negative symptoms)
Hallucinations, disorganized thinking, delusions.	Apathy, expressionless faces, rigid bodies.

53

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.

54

Atypical Antipsychotic

Clozapine (Clozaril) blocks receptors for dopamine and serotonin to remove the negative symptoms of schizophrenia.
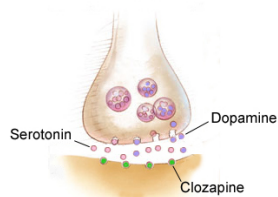
55

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.

56

14

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.


57

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.

58

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.
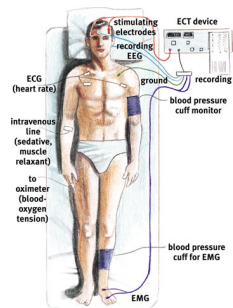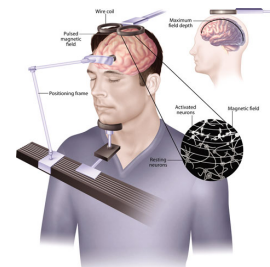

59

Alternatives to ECT
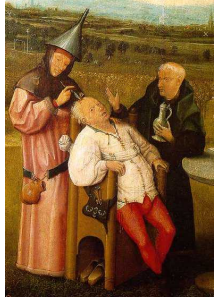
Transcranial Magnetic Stimulation (TMS)

In TMS, a pulsating magnetic coil is placed over prefrontal regions of the brain to treat depression with minimal side effects.


60

Psychosurgery

Psychosurgery was popular even in Neolithic times. Although used sparingly today, about 200 such operations do take place in the US alone.

http://www.epub.org.br

61

Psychosurgery

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

Mind

Brain/Body
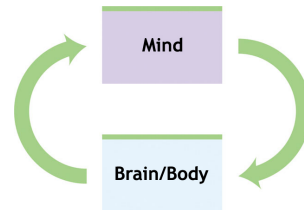
62

Psychosurgery

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

http://www.epub.org.br

http://www.epub.org.br
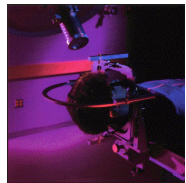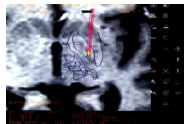
63

Preventing Psychological Disorders

"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.

64

Psychological Disorders are Biopsychosocial in Nature

Biological considerations:
Biomedical techniques, including drug therapy, ECT, and rTMS (and on very rare occasion, psychosurgery) may be used to correct malfunctioning brain circuitry. *For example, a patient diagnosed with bipolar disorde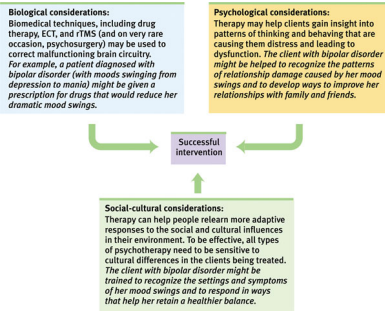r (with moods swinging from depression to mania) might be given a prescription for drugs that would reduce her dramatic mood swings.*

Psychological considerations:
Therapy may help clients gain insight into patterns of thinking and behaving that are causing them distress and leading to dysfunction. *The client with bipolar disorder might be helped to recognize the patterns of relationship damage caused by her mood swings and to develop ways to improve her relationships with family and friends.*

Successful intervention

Social-cultural considerations:
Therapy can help people relearn more adaptive responses to the social and cultural influences in their environment. To be effective, all types of psychotherapy need to be sensitive to cultural differences in the clients being treated. *The client with bipolar disorder might be trained to recognize the settings and symptoms of her mood swings and to respond in ways that help her retain a healthier balance.*

65