

Chapter 14: Therapies

Reasons for Seeking Therapy

- Psychological disorder—troubling thoughts, feelings, or behaviors that cause psychological discomfort or interfere with a person's ability to function
- Troubled relationships—e.g., parent-child conflicts, unhappy marriage
- Life transitions—e.g., death of a loved one, dissolving marriage, adjustment to retirement

Types of Therapy

- Psychotherapy—use of psychological techniques to treat emotional, behavioral, and interpersonal problems
- Biomedical—use of medications and other medical therapies to treat the symptoms associated with psychological disorders

Who's Who Among Mental Health Professionals

Clinical psychologist	Holds an academic doctorate (PhD, PsyD, or EdD) and is required to be licensed to practice. Assesses and treats mental, emotional, and behavioral disorders. Has expertise in psychological testing and evaluation, diagnosis, psychotherapy, research, and prevention of mental and emotional disorders. May work in private practice, hospitals, or community mental health centers.
Psychiatrist	Holds a medical degree (MD or DO) and is required to be licensed to practice. Has expertise in the diagnosis, treatment, and prevention of mental and emotional disorders. Often has training in psychotherapy. May prescribe medications, electroconvulsive therapy, or other medical procedures.
Psychoanalyst	Usually a psychiatrist or clinical psychologist who has received additional training in the specific techniques of psychoanalysis, the form of psychotherapy originated by Sigmund Freud.
Licensed professional counselor	Holds at least a master's degree in counseling, with extensive supervised training in assessment, counseling, and therapy techniques. May be certified in specialty areas. Most states require licensure or certification.
Psychiatric social worker	Holds a master's degree in social work (MSW). Training includes an internship in a social service agency or mental health center. Most states require certification or licensing. May or may not have training in psychotherapy.
Marriage and family therapist	Usually holds a master's degree, with extensive supervised experience in couple or family therapy. May also have training in individual therapy. Many states require licensing.
Psychiatric nurse	Holds an RN degree and has selected psychiatry or mental health nursing as a specialty area. Typically works on a hospital psychiatric unit or in a community mental health center. May or may not have training in psychotherapy.

Psychoanalysis

- Developed by Sigmund Freud based on his theory of personality



Causes of Psychological Problems

- Undesirable urges and conflicts are “repressed” or pushed to the unconscious
- Unconscious conflicts exert influence on behaviors, emotions, and interpersonal dynamics
- Understanding and insight into repressed conflicts leads to recognition and resolution

Techniques of Psychoanalysis

- Free association—spontaneous report of all mental images, thoughts, feelings as a way of revealing unconscious conflicts
- Resistance—patient’s unconscious attempt to block revelation of unconscious material; usually sign that patient is close to revealing painful memories

More Psychoanalytic Techniques

- Dream interpretation—dreams are the “royal road to the unconscious”; interpretation often reveals unconscious conflicts
- Transference—process where emotions originally associated with a significant person are unconsciously transferred to the therapist

Short-Term Dynamic Therapy

Interpersonal therapy (IPT)—focus on current relationships; interpersonal problems seen as core of psychological symptoms; highly structured

Other Dynamic Therapies

- Most therapies today are shorter-term
- Based on goals that are specific and attainable
- Therapists are more directive than traditional psychoanalysis
- Traditional psychoanalysis is seldom practiced today

Humanistic Therapies

- Humanistic perspective emphasizes human potential, self-awareness, and freewill.
- Humanistic therapies focus on self-perception and individual's conscious thoughts and perceptions.
- Client-centered (or person-centered) therapy is the most common form of humanistic therapy.
- Carl Rogers (1902–1987)—developed this technique.

Client-Centered Therapy

- Therapy is non-directive—therapist does not interpret thoughts, make suggestions, or pass judgment.
- Therapy focuses on client's subjective perception of self and environment.
- Does not speak of “illness” or “cure”

Therapeutic Conditions

- Genuineness—therapist openly shares thoughts without defensiveness
- Unconditional positive regard for client—no conditions on acceptance of person
- Empathic understanding—creates a psychological mirror reflecting clients thoughts and feelings

Applications of client-centered therapy

- Motivational interviewing—only one or two sessions; help clients overcome reluctance to change; encourage client's self-motivating statements
- Marital counseling, parenting, education, business, community and international relations

Behavior Therapy

- Behavioristic perspective emphasizes that behavior (normal and abnormal) is learned.
- Uses principles of classical and operant conditioning to change maladaptive behaviors.
- Behavior change does not require insight into causes.
- Often called behavior modification

Systematic Desensitization

Based on classical conditioning

Uses three steps:

- Progressive relaxation
- Development of anxiety hierarchy and control scene
- Combination of progressive relaxation with anxiety hierarchy

Sample Anxiety Hierarchy

Degree of Fear	Imagined Scene
100	Holding mouth open, eyes closed, listening to the sound of the dental drill as a cavity is repaired
95	Holding mouth open in preparation for an oral injection
90	Lying back in dental chair, eyes closed, as dentist examines teeth
85	Lying back in dental chair, mouth open, listening to the sounds of dental equipment, as dental technician cleans teeth
80	Lying in dental chair, watching dental technician unwrap sterilized dental tools
75	Being greeted by the dental technician and walking back to dental examination chair
70	Sitting in dentist's waiting room
60	Driving to dentist's office for appointment
50	Looking at the bright yellow reminder postcard on the refrigerator and thinking about dental appointment
40	Listening to a family member talk about her last dental visit
30	Looking at television or magazine advertisements depicting people in a dentist's chair
25	Calling dentist's office to make an appointment
20	Thinking about calling dentist's office to set up an appointment
15	Driving past dentist's office on a workday
10	Driving past dentist's office on a Sunday afternoon

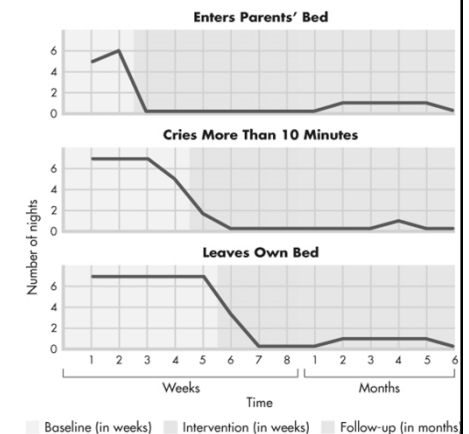
Aversion Therapy for Alcoholism

- Relatively ineffective, does not generalize very well beyond therapy
- Pairs an aversive stimulus with the undesired behavior

Token Economy

- Based on operant conditioning
- Used for behavior modification in group settings (prisons, classrooms, hospitals)
- Most successful in controlled, supervised environments
- Has been successful with severely disturbed people
- Difficult to implement and administer

These graphs depict the changes in three specific sleep-related problem behaviors of a 4 year-old girl over the course of behavioral therapy. The intervention for each problem behavior was introduced separately over several weeks. As you can see, behavior therapy produced a rapid reduction in the rate of each problem behavior. The green area shows the maintenance of desired behavior changes over a six-month follow-up.



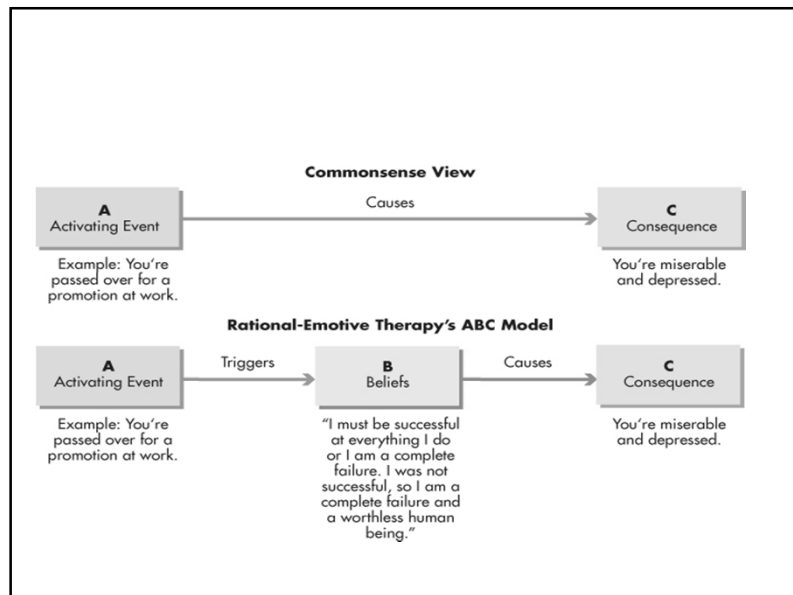
Source: Adapted from Ronen (1991).

Cognitive Therapy

- Based on the assumption that psychological problems are due to maladaptive patterns of thinking
- Therapy focuses on recognition and alteration of unhealthy thinking patterns

Rational Emotive Therapy

- Developed by Albert Ellis
- ABC model
 - Activating Event
 - Beliefs
 - Consequences
- Identification and elimination of core irrational beliefs
- Direct and often confrontational form of therapy



Aaron Beck's Cognitive Therapy

- Problems due to negative cognitive bias that leads to distorted perceptions and interpretations of events
- Recognize the bias then test accuracy of these beliefs
- Therapist acts as model and aims for a collaborative therapeutic climate

Cognitive-Behavioral Therapy

- Integrates cognitive and behavioral techniques. Based on the assumption that thoughts, moods, and behaviors are interrelated.

Group and Family Therapy

- Group therapy—one or more therapists working with several people at the same time.
- Family therapy—based on the assumption that the family is a system and treats the family as a unit.
- Couple therapy—relationship therapy that helps with difficulty in marriage or other committed relationships

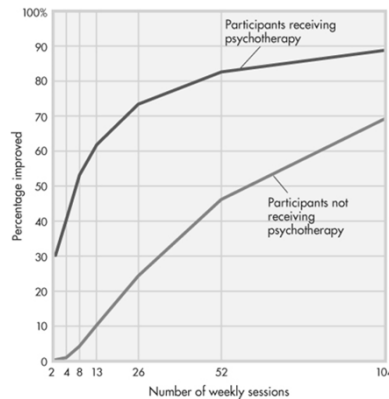
Self-Help Groups

- Format varies (structured and unstructured)
- Many follow a 12-step approach
- Have been shown to be very effective
- More research needed: reasons for effectiveness and kinds of people and problems that benefit from this approach

Effectiveness of Psychotherapy

- Most people do not seek help with problems
- Many people report spontaneous remission
- Meta-analyses show that psychotherapy is more effective than no treatment
- Generally no differences among the types of psychotherapy

The rates of improvement for more than 2,000 people in weekly psychotherapy and for 500 people who did not receive psychotherapy. Clearly, psychotherapy accelerates both the rate and the degree of improvement for those experiencing psychological problems.
SOURCE: McNeilly & Howard, 1991.



Eye movement desensitization reprocessing (EMDR)

- Developed by Francis Shapiro
- Useful for anxiety and relieving traumatic memories
- Involves following finger waving while holding mental image of disturbing event, situation, or memory
- Lots of criticisms of this approach

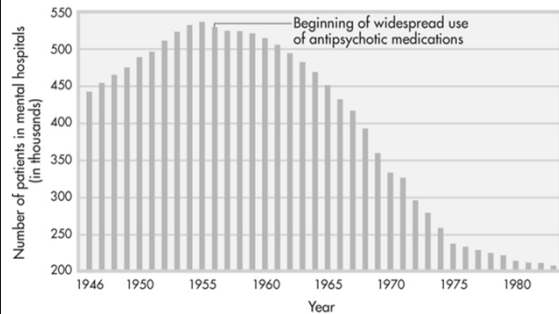
Factors in Successful Therapy

- Therapeutic relationship—caring and mutually respectful
- Therapist characteristics—caring attitude, ability to listen, sensitive to cultural differences
- Client characteristics—motivated, actively involved, emotionally and socially mature
- External circumstances—stable living situation, supportive family members can enhance effectiveness of therapy

Cultural Values and Psychotherapy

- Most Western psychotherapy focuses on the individual, internal causes, burden on client
- Collectivistic cultures have more focus on needs of the group, less internal causes, burden on community
- Native Americans use network therapy
- Latino cultures: interdependence over independence
- Japanese psychotherapy uses Naikan therapy: self-absorption leads to suffering; replace self with others

Biomedical Therapies



- Widespread use of antipsychotic medications began in the mid-1950s
- Can be related to number of patients in mental hospitals

Typical Antipsychotic Medications

- Typical antipsychotics
 - Effective against positive symptoms of schizophrenia
 - Have uncomfortable side effects
 - Globally alter brain dopamine levels
 - Tardive dyskinesia—possible motor side effect that could be permanent with long term drug use

Atypical Antipsychotic Medications

- Atypical antipsychotics
 - Newer drugs that may also be effective against negative symptoms of schizophrenia
 - Affect levels of serotonin as well as dopamine
 - Have uncomfortable side effects
 - Symptoms return when medication is discontinued

Antianxiety medications

- Benzodiazepines (Valium, Xanax)
 - reduce anxiety through increasing level of GABA
 - side effects include decreased coordination, reaction time, alertness, addiction
- Non-benzodiazepine—(Buspar)
 - may take a few weeks to work
 - does not reduce alertness

Lithium

- Used to treat bipolar disorder (manic-depression)
- Used to interrupt acute manic attacks and prevent relapse
- Can have serious side effects and must be closely monitored

Anti-Depressant Medication

- First generation—tricyclics and MAO inhibitors
 - Effective for about 75% of patients
 - Produce troubling side effects
 - MAO inhibitors can have serious physiological side effects when taken with some common foods
 - Tricyclics caused weight gain, dry mouth, dizziness, sedation

Anti-Depressant Medication

- Second generation—chemically different but no more effective than earlier drugs (Wellbutrin, Desyrel)
- Selective serotonin reuptake inhibitors (SSRI)—have fewer undesirable side effects than earlier drugs (Prozac, Paxil, Zoloft)

Antidepressant Medications

	Generic Name	Trade Name
First-Generation Antidepressants		
Tricyclic antidepressants	Imipramine Desipramine Amitriptyline	Tofranil Norpramin Elavil
MAO inhibitors	Phenelzine Tranylcypromine	Nardil Parnate
Second-Generation Antidepressants		
	Trazodone Bupropion	Desyrel Wellbutrin
Selective Serotonin Reuptake Inhibitors (SSRIs)	Fluoxetine Sertraline Paroxetine Fluvoxamine Citalopram Escitalopram	Prozac Zoloft Paxil Luvox Celexa Lexapro
Dual-Action Antidepressants	Nefazodone Mirtazapine	Serzone Remeron
Dual-Reuptake Inhibitors	Venlafaxine Duloxetine	Effexor Cymbalta

Source: Based on Julien (2008).

Pharmacogenetics

- The study of how genes influence an individual's response to drugs
- May help to overcome trial-and-error nature of prescribing psychotropic medications

Electroconvulsive Therapy

- Used for severe depression
- Very effective for quick relief of symptoms of severe depression (can be used until medication begins to work)
- Creates "seizures" in patient, perhaps "rebooting" the brain
- May have cognitive side effects such as memory loss
- Very controversial treatment

Electroconvulsive Therapy

- Some alternative experimental treatments have been investigated that may relieve depression similarly to ECT but without the seizures.
- Transcranial magnetic stimulation (TMS) stimulates certain regions of the brain with magnetic pulses.
- Vagus nerve stimulation (VNS) involves implanting a device to chest wall that sends electrical currents to the brain stem.
- Deep brain stimulation (DBS) involves the use of electrodes implanted in brain to send electrical signals.