

Psychology 105
Chapter 14 - Therapy

Term Papers Due May 8
Final Exam covers Ch 13-16, Lectures & Lecture notes 4/10 - 5/8, and overarching concepts (correlation, experiments, scientific method)
Final Exam Take-home essay
- Handed out May 8
- Due May 15 at Final Exam
Final Exam in classroom
- May 15 6-8
- Room 606

If you want your final exam returned, turn it in with a self-stamped, self-addressed envelope.

Legal size: 75¢ postage
9" x 12": \$1.14 postage

Spring 2008

Therapy for Psychological Disorders: Outline

- > Nature of therapy for psychological disorders
- > Some Psychological therapies
 - Behavioral therapies
 - Cognitive therapy
 - Cognitive-Behavioral therapy
- > Biomedical therapies
 - Drug therapy
 - Psychosurgery
 - ECT and Magnetic therapy
- > Supplemental Viewgraphs

Psychotherapy

- > *Psychotherapy - a form of treatment:*
 - *Based on a psychological framework*
 - *Used to help clients cope with and/or change their troublesome thoughts, emotions, and behaviors*
 - *Has the goal of altering behaviors, emotions and/or mental processes*
 - *Techniques mostly use dialog between patient and therapist*
- > **In some forms of psychotherapy, emphasis is placed on understanding the origins of the troublesome thoughts, emotions and behaviors; in others, the focus is on coping or change**

Why Do People Enter Psychotherapy?

- Clinical problems (anxiety, depression, bipolar disorder, OCD, phobias, anorexia, schizophrenia, drug dependency, personality disorders, dissociative disorders, bizarre or dysfunctional behaviors...)
- Problems with relationships (marriage, shyness, roommates ...)
- Problems with self or life (self-esteem, guilt, bereavement, school, work, anger, emotional control, unhappiness ...)

Common theme: goal of altering behavior, emotions or mental processes

Types of Therapists

- Clinical Psychologist (Ph.D., Psy.D.)
- Counseling Psychologist (Ph.D., Psy.D., Ed.D.)
- Psychiatrist (M.D.)
- Psychoanalyst (M.D., Ph.D, Psy.D.)
- Psychiatric Nurse Practitioner (B.S.N., M.A.N.)
- Clinical Social Worker (aka psychiatric social worker) - MSW, Ph.D SW
- Counselor (MA)
- Pastoral Counselor (DD, MA)

"Typical" degrees are shown; most also participate in at least a year of supervised therapy, often more.

Psychological Therapies

- Psychological Therapies attempt to modify *emotions, mental processes and behaviors* using psychologically-based techniques
- Most started out as a response to a particular set of problems
- Modern-day psychotherapists tend to be eclectic in their choice of techniques, selecting therapy techniques from different approaches, as appropriate for each client; talking therapies are often combined with drugs
- Some psychotherapeutic techniques are more effective than others for different types of mental disorders; research into empirically supported treatments is ongoing

Behavioral Therapies

- **Assumption:** Problems arise from failure to learn adaptive behavior or from learning of maladaptive behavior
- **Goal:** Therapies attempts to **change behaviors and accompanying emotional responses**
- **Techniques:** based on classical conditioning, operant conditioning, observational learning
- Most effective for disorders where **specific behaviors** can be targeted, e.g., phobias, anxiety disorders, addiction, PTSD, sexual dysfunction, social behaviors
- Little emphasis on origins of problems; focus is on changing behaviors in the present
- **Duration:** usually a few weeks to a few months

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Behavioral Therapies - Classical Conditioning

- **Assumptions:** A response is learned when a formerly neutral stimulus (CS) is paired with an unconditioned stimulus (UCS) that leads to a conditioned response (CR) to the CS.
- Most frequently used to reduce fear (Conditioned Emotional Response)
- **Extinction technique:** **Exposure Therapy**
 - through repeated presentation of the CS without the US, extinguish the CR
 - Also operant extinction: escaping phobic stimulus is reinforced (negatively) by reduction of anxiety; forcing exposure removes negative reinforcement of escape/avoidance

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Classical Conditioning - Counterconditioning

- Counterconditioning techniques:** techniques of training a new, **incompatible** response, to a CS, e.g., relaxation instead of fear (Wolpe) - uses →
- **Systematic Desensitization** - technique to extinguish original CR to CS and substitute a new CR
 - Therapist and client develop an **anxiety hierarchy** - list of situations that makes client anxious, ranging from mildly anxious to extremely anxious
 - Client learns progressive relaxation technique
 - Stimuli that produce more and more anxiety (hierarchy) are introduced, while client remains relaxed;
 - Technique substitutes a new **relaxation response** to the CS for the old fear/anxiety response to the CS
 - **Exposure Therapy** is sometimes added to counterconditioning - uses real objects paired with relaxation in addition to imagined objects, to help extinguish the original fear response

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Behavioral Therapies - Operant Conditioning

- **Technique:** Changing behaviors by managing their consequences (*contingency management*)
- Used to treat and manage behavior problems at home and in school, prisons, mental hospitals, with nonverbal patients, people with autism & schizophrenia
- **Fundamentals**
 - Analyze undesirable behavior to determine what is reinforcing (maintaining) it
 - Remove that reinforcer (extinction)
 - Reinforce other desired, incompatible behaviors
 - Sometimes shaping of new behaviors is necessary

Behavioral Therapies - Observational Learning

- **Technique:** People learn by **observing others** (Bandura)
 - uses observation as technique for training desirable behaviors
- **Participant modeling** (example)
 - therapist performs or shows video of desired behavior
 - client imitates desired behavior
 - therapist may reinforce new, imitated behavior, or give client additional opportunity to practice it
- **Duration** of behavioral therapies: A few weeks to a few months, sometimes more

Cognitive Therapies

- **Goal:** Changing maladaptive beliefs and thought patterns
- **Assumption:** abnormal behavior and emotional distress start with problems in *what* we think and *how* we think, leading to distressing emotions and behaviors
 - Emotional problems are not caused by external events; they are caused by how we interpret them
- **Techniques:**
 - Emphasizes rational thinking as key to treating mental disorder
 - Attempts to **change thought patterns and cognitions**
- Little emphasis on origins of problems; focus is on changing thinking patterns in the present.
- **Duration:** a few months

Beck's Cognitive Therapy

- Initially developed to treat depression, now used with many other disorders
- Theory is that depression is often a result of negative thought patterns and self-talk
- Therapist helps identify negative thoughts and alternative, positive ways of formulating ideas and beliefs
 - Re-evaluate the evidence for the belief
 - Reattribute blame to situational factors
 - Discuss alternative ways of viewing situation and self

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Beck's Cognitive Therapy

- Therapist acts as guide in helping client identify and modify irrational thoughts and beliefs:
 - Situation: Andrea didn't return my call
 - people don't like talking to me
 - + maybe Andrea's little brother didn't give her the message
 - Situation: I flunked my algebra test
 - I'm too stupid to understand algebra
 - + Even the teacher said the algebra test was hard
 - Situation: My mother screamed at me because I didn't pick up the dry cleaning
 - My mother hates me - I can't do anything right
 - + My mother is having problems at work and gets frustrated easily; I can keep a list of what she asks me to do

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Cognitive-Behavioral Therapy

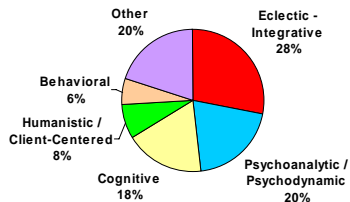
- Combines techniques from cognitive and behavioral therapies
- **Goal:** modify dysfunctional behaviors and cognitions.
- **Assumptions:** that making an irrational self-statement can be cause of maladaptive behavior
- **Techniques:**
 - modify cognitive thought processes by replacing irrational thoughts with rational ones
 - modify behaviors by counterconditioning, exposure therapy, changing reinforcement contingencies or using observational learning

Video: [Cognitive-Behavioral therapy: a drug addict](#)

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Psychotherapy in the US

Therapeutic Orientations of **Clinical** and Counseling Psychologists in the U.S.



Adapted from Bechtoldt et al., 2001

Effectiveness of Psychological Therapies

Data from meta-analyses:

- Psychotherapy can lead to improvement for many disorders
- The **type** of psychotherapy seems to be less critical than the **quality of the relationship** between therapist and client
- Greatest improvement observed in first few months of therapy
- Common elements in successful therapy: **therapeutic alliance**, empathy, genuineness, warmth, help in organizing thoughts, and patient's expectation of improvement
- Many patients will improve without therapy, but those undergoing therapy are more likely to improve, improve more rapidly, less likely to experience recurrence of problem
- Therapy doesn't "cure," but it can teach coping responses and healthy thoughts and behaviors
- In some studies, psychotherapy plus medication is more effective than either psychotherapy or medication alone

Biomedical Therapies

- Video Clip: [Early treatment of mental disorders](#)
- *Biomedical therapies operate under the medical model of identifying and treating a disease*
- *Seek to change the function or structure of the brain by administration of*
 - *Drugs*
 - *Surgery*
 - *Electrical or magnetic stimulation*

Antidepressants

- SSRIs and SNRIs are widely prescribed, but their use on people who are not severely depressed is controversial; they may also help alleviate social anxiety, OCD, Premenstrual Dysphoria Disorder and dysthymia
- All antidepressants can have unpleasant side effects, which vary from person to person; dry mouth, sexual dysfunction, insomnia, sleepiness, increased blood pressure (MAO inhibitors)
- Withdrawing from antidepressants can be unpleasant, with physical and psychological symptoms, if done too abruptly (physiological dependency, no addiction)
- Suicide and SSRIs: increased suicide ideation and rate of suicide attempts in patients on SSRIs after initiation or increased dose:
 - increased energy as depression starts to lift?
 - Overall, suicide rate decreases among depressed patients taking SSRIs, compared to no treatment

Mood Stabilizers

- For treating Bipolar Disorder
- Lithium (Lithobid) - dampens mood swings, particularly manic swings; toxic in high concentrations, so periodic blood tests needed; dry mouth, thirst, diarrhea, liver damage.
- Depakote - originally developed to treat epilepsy, more effective than Lithium with fewer side effects (weight gain, liver function problems, insomnia, nausea)
- Tegretol - effective, but potentially causes loss of red and white blood cells
- Zyprexa - fast acting and effective, but promotes significant weight gain, diabetes, increased mortality in elderly (and others?)

Antianxiety Drugs

- Used for treating anxiety-related disorders, insomnia, stress
 - Benzodiazepines ("minor tranquilizers" - Valium, Librium, Xanax, Ativan)
 - Increase GABA (inhibitory neurotransmitter), decrease brain activity in areas affected by anxiety
 - Barbiturates ("sleeping pills" - Seconal, Nembutal)
 - CNS depressants - induce relaxation and sleepiness
 - Modern sleeping pills (Ambien, Lunesta) less addictive, but still have addictive potential.
- Work by sedating user
- Can be physically and psychologically addictive; should be used for short-term or occasional treatment only
- Buspar - non-sedating antianxiety drug; low potential for addiction

Antianxiety drugs

- Not for use for ordinary anxiety and stress; other management techniques preferred
- Not to be taken for more than 1-2 weeks at a time (widely ignored)
- Abrupt withdrawal can cause physical withdrawal symptoms
- Impair ability to perform complex motor tasks, tasks requiring alertness
- Can lead to death when taken in combination with alcohol and each other
- SSRIs increasingly used to manage chronic anxiety

Evaluation of Drug Therapies

- Cheaper in short term than psychotherapy; encouraged by "managed care."
- Several studies found that drugs in combination with psychotherapy appear to be more effective in long run than drugs alone (quicker recovery, fewer relapses)
- Many drug therapies (e.g., SSRI) appear only slightly more effective than placebo in clinical trials
- Antipsychotic drugs have made it possible for many people (especially schizophrenics) to be released from mental hospitals to receive outpatient treatment
 - downside is that patients must remain on drugs, but often don't outside of hospital or controlled setting

Psychosurgery

- Trephination - oldest form of psychosurgery, involved cutting a hole in the skull to let the bad spirits out (or possibly relieve pressure following a head injury)
- Prefrontal Lobotomy - invented by Moniz in 1930s
 - Used 1930s - 1950s to treat agitated schizophrenics and people with severe compulsions or anxiety
 - Severs nerve connections between frontal lobes and deep brain, especially thalamus and hypothalamus
 - New personality emerged: less intense emotional arousal, but also loss of basic mental functioning: inability to plan ahead, indifference to others, childlike actions, emotional and intellectual flatness, no coherent sense of self (like Phineas Gage).
 - Moniz received a Nobel Prize in Medicine for his work
 - Advent of psychoactive drugs effectively ended era of lobotomies

Electroconvulsive Therapy - ECT

- Used to treat severe depression that doesn't respond to drugs - treatment of last resort
- Application of voltage to head, induces seizure (sedative, muscle relaxant given)
- Results in lifting of depression
- Side effects
 - memory deficits (sometimes permanent)
 - temporary disorientation
- High rate of relapse [ECT Video](#)

Other Experimental Electrical Therapies for deep depression

- Vagal nerve stimulation - 'pacemaker' jolts vagus nerve every few minutes
- Deep Brain Stimulation - implanted electrode stimulates cortical region near limbic system that is overactive in depression

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TMS - Transcranial Magnetic Stimulation

- **TMS - Transcranial Magnetic Stimulation**
 - Pulsed magnetic fields, which alter neural response in targeted brain regions
 - Experimental therapy, still being researched in clinical trials
 - Initial results promising for reduction of depression, schizophrenic hallucinations

No reported seizures at low intensity, no memory or cognitive defects, minimal side effects?

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Supplementary Viewgraphs

Beginning Psychotherapy - Goals

- Identify the problem
- Identify cause of problem (not all therapies)
- Make a prognosis
- Select and agree on a form of treatment
- Identify specific goals for treatment outcome

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Conditions for Successful Therapy

- Trust in therapist
 - Seeing him or her as an ally
 - Trust in confidentiality
 - Confidence in therapist's training, expertise and credentials
 - Empathy
- Belief that therapy will help

Therapy Settings

- Most therapy takes place in a therapist's office
- Patients that are severely depressed, manic, anxious or psychotic may be hospitalized
 - In the past, many such patients were consigned to long-term stays in mental institutions
 - With medication, now most are released and treated as outpatients, even psychotics

Therapy Settings

- In-patient: mental hospital, mental ward
- Out-patient: foster home, group home, living with family
- Issues with out-patient treatment:
 - Keeping patients on medication
 - Lack of funding and community resources
 - Tracking and follow-up of patients
- Successes with out-patient treatment:
 - With good community support, fewer returns to mental hospital

Cultural Issues

- **Western, individualistic:** mental disorder is seen as result of disease, genetics, distorted mental and emotional processes, stressors; treatment is mostly one-on-one
- **Collectivistic:** mental disorder is seen as result of disruption of relationship between individual and social/physical environment, including ancestors. Community participation often emphasized in therapy.
- Therapists need to understand and be sensitive to cultural background of clients, including values, history of discrimination, socialization, differences in culturally "acceptable" behaviors
- Therapists need to be sensitive to their own cultural biases

Behavioral - Classical Conditioning

Aversion Therapy

- Pairs attractive stimulus (CS) with aversive stimulus (US) to condition a repulsion reaction to CS
- Negative responses to aversive stimuli become elicited by the CS
- Used for treatment of addiction
 - Alcohol (CS) → Relaxation (old CR)
 - Alcohol (CS) + Antabuse (US) → Nausea (UR)
 - Alcohol (CS) → Nausea (new CR)
- To avoid abuse, strictly regulated by state laws and association guidelines

Behavioral - Operant Conditioning

Token Economies

- Tokens - secondary reinforcement - are used to strengthen desired behaviors, and can be exchanged for privileges, food, cigarettes, gifts, etc.
- Often used in schools, detox centers, mental institutions, prisons
- Enables immediate reward

Cognitive: Albert Ellis' Rational-Emotive Behavior Therapy (REBT)

- Attacks client's irrational beliefs and behaviors. More directive and confrontational than most therapies.
- Assumptions: Individuals with mental disorders base their lives on unrealistic beliefs and unachievable goals: Shoulds and Musts.
 - "Don't should on yourself."
 - "Stop musterbating" (A. Ellis)

Cognitive: REBT-2

Therapist points out how emotional reactions may spring from irrational beliefs about an event

- I must be loved by every significant person in my life...
- I need someone stronger than myself on whom to depend or rely...
- I must be able to solve every problem I confront ...
... or else my life is awful

Psychodynamic Therapies

- **Goal:** Seek to change a person's emotional responses and cognitions by helping clients gain insight into their thought processes and beliefs.
- **Assumptions:**
 - Events, responses, emotions from the past, especially infancy and childhood, influence client's current thoughts, emotions, behaviors.
 - Understanding and working through the past helps change thought processes and beliefs.
- **Techniques:** analysis of past, application of insights to present
- **Contrast**
 - Behavioral and Cognitive therapies: deal with the problem in the present, here and now
 - Psychodynamic therapies: seek to understand history, childhood origins of problem

Psychodynamic Therapies - Psychoanalysis

- > Originated by Freud
- > **Assumption:** psychological tension is created by forbidden impulses and threatening memories locked in the unconscious, and is source of disordered thoughts and behaviors
- > **Goal:** reveal and work through contents of unconscious mind, restructure personality, thereby freeing client from disordered thoughts and behaviors
- > **Technique:** Exploring unconscious content, motivations and conflict, experiences of infancy and early childhood, and personality dynamics by use of **free association, dream analysis, interpretation, analysis of transference and resistance**; once revealed, insight can be gained and personality may be restructured
- > **Duration:** May take years to complete
- > Other psychodynamic therapies grew out of dissatisfaction with some of Freud's theories, function on adaptive functioning of ego

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Psychodynamic - Tools of Psychoanalysis

Tools of Psychoanalysis - for revealing contents of the Unconscious

- > **Free association**
- > **Dream analysis** - symbols
- > **Overcoming resistance** - unconscious, anxiety-produced attempts by patient to subvert or hinder psychotherapy; signs that patient is near something significant; therapist works to overcome resistance
- > **Transference** - projection of attributes of significant others (e.g. parents) onto therapist
- > **Analysis of Transference** - analyzing and interpreting client's relationship with therapist

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Psychoanalysis and Psychodynamic Therapies

Problems with Psychoanalysis:

- > Time consuming, takes several years, very expensive
- > Requires highly motivated, highly verbal, introspective, intelligent, affluent clients
- > No evidence that it works any better than other therapies

Other psychodynamic therapies

- > focus on recurring themes, important relationships, gaining perspective and insight, less on overall personality change; most still focus on past

Modern psychoanalytic and psychodynamic approaches are more directive to reduce time and cost, and place more emphasis on social environment, relationships, later experiences, and self-concept

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Humanistic Therapies - Client Centered Therapy

- **Goal:** for clients to gain insight into their fundamental value and self-worth as human beings, realizing their full potential
- **Assumptions:**
 - People have tendency towards positive growth and self-actualization, which may be blocked by unhealthy environment, criticism from others, negative self evaluation
 - People have free will and can make conscious choices to change
 - Psychopathology arises from problems with one's self concept or incongruence between one's self concept and feedback from others
 - Patients have the keys to their own psychological health and happiness
- **Techniques:**
 - Therapist provides **genuineness, acceptance, unconditional positive regard, empathy**, to encourage clients to accept themselves, appreciate self-worth, foster personal growth
 - **Nondirective** - client takes the lead, with some guidance from therapist
 - Therapist uses **active listening, reflects back the client's feelings**
- Focuses mostly on present and future
- **Duration:** several months or more

Family Counseling

- **Assumptions:** Family is a **system** of people whose lives are intertwined and who are interdependent on each other (emphasis on socio-cultural factors)
- **Goals:** develop cooperative problem solving rather than blaming.
- **Techniques:**
 - Analyze and modify relationships, communications and dynamics among members
 - Therapist often acts as mediator, translator, referee
- Focus is on solving present problems
- **Duration:** several weeks to several months

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Marriage Counseling, Couples Therapy

- **Assumptions:** vary - many relationships have problems due to poor communications (socio-cultural emphasis)
- **Goal:** improve couple's communication patterns and problem solving skills, and thence their relationship
- **Techniques:**
 - Focuses more on **process** of relationship than on individual personalities
 - Teach communication skills
 - active listening,
 - negotiating for a win-win in a dispute,
 - taking responsibility
 - for one's own thoughts and feelings,
 - for one's part in relationship
- Focus is primarily on solving present problems

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Group Therapies

- **Group Therapies** - Therapies that treat two or more clients who have similar problems at one time.
- **Assumptions:** social context allows people to interact others with similar problems and receive feedback on their own behaviors
- **Goals:** achieve therapeutic effect a lower cost, in less time
- **Techniques:** vary - use guided group interactions
- **Advantages:**
 - Less costly
 - Patients learn from each other
 - Reassuring to know you aren't alone
 - Often recommended for clients having problems with social behaviors and relationships
- Focus typically on solving present problems
- **Duration:** several weeks to several months

Support and Self-Help Groups

- Give participants opportunity to meet others having or having gone through similar problems
- Support groups exist for almost any conceivable problem, live or on internet
- Often not run by professional therapist; sometimes have no leader, or peer-leader
- Alcoholics Anonymous is the oldest (~87,000 support groups worldwide); its 12-step program has been adopted by many other groups where behavioral change is the goal

Drug Therapy - Stimulants

- Stimulants (amphetamines, Ritalin, Adderall) increase activity levels in brain; used to treat narcolepsy and ADD, ADHD
- Highly energizing; may interfere with normal sleep patterns
- Amphetamines are addictive, and long-term use can lead to psychotic episodes
- **Strattera** - for ADHD, new non-amphetamine, enhances norepinephrine levels in brain
