METHODS OF THERAPY & TREATMENT OF PSYCHOLOGICAL DISORDERS

Fast Track Chapter 12
(Bernstein Chapter 16)
Two Major Types of Therapy

**PSYCHOTHERAPY** is based on the interaction between a trained therapist using psychological techniques, and a client, who is experiencing emotional, behavioral, or interpersonal problems.

**BIOMEDICAL THERAPIES** use medications, electroconvulsive therapy, and other medical procedures that directly affect the brain and nervous system of a patient experiencing symptoms associated with a psychological disorder.

The **eclectic approach** involves using a combination of therapeutic techniques based on the symptoms and needs of the client.
• **Psychotherapists** usually have a Ph. D. in clinical or counseling psychology and are trained in the techniques of psychotherapy.

• **Psychiatrists** have a medical degree, can prescribe medication, and have training in a specialty area.

• **Clinical social workers** (LCSWs), **substance abuse therapists**, and **marriage and family counselors** are other professionals trained to treat mental-health patients.
Sigmund Freud's **PSYCHOANALYSIS** a method of psychotherapy that uses various techniques aimed at revealing and resolving conflicts that are in the unconscious.

- **Free association** technique that involves the client speaking freely about any topic or images that come into his/her mind and the therapist finding symbolic meaning in this talk.

- **Resistance** when the client unconsciously tries to block the process of revealing repressed memories (can reveal possible conflict within the client’s unconscious).

- **Dream interpretation** involves identifying the **manifest content** (the part consciously remembered), and the **latent content** (which includes impulses, wishes, and fantasies and may shed some insight into the unconscious).

- **Freudian slips** slips of the tongue/statements made accidentally by the client that could reveal what the client is unconsciously thinking.

- **Transference** perhaps the most important technique that occurs when a patient unconsciously responds to the therapist as though he/she were a significant person in his/her life (resulting in the client actively reliving/acting out past unresolved and unconscious conflicts).
• traditional psychoanalysis too long and expensive (3-7 years)
• Freud’s personality theory widely criticized

• led to development of **short-term psychodynamic therapy**
  • not as time-consuming (months not years)
  • quicker diagnoses
  • still addresses conflicts of the unconscious using techniques like transference and interpretation

• **interpersonal therapy** another psychodynamic approach that helps clients cope with present problems and situations that have occurred since childhood (such as work, marital issues, grieving from a loss, handling stressful encounters and situations)
HUMANISTIC PSYCHOTHERAPY

- emphasizes striving for/reaching human potential through a healthy, positives self-concept
- disorders based on unhealthy environment resulting in a negative self-perception
- therapeutic sessions accepting of the individual, making client feel safe and secure to establish own thoughts and behavioral patterns
- Carl Rogers and client-centered therapy (person-centered therapy) approach that relies on three guidelines provided by the therapist—unconditional positive regard, empathy, and congruence [see handout]
- Gestalt therapy approach that believes people actively process information from their environment, resulting in their own version of reality
  - this reality either promotes or hinders personal growth
  - goal is to make clients aware of their environment, present feelings, and actions; to find out what is troubling the client in the “here and now” so the symptoms will disappear
Behavior Therapy

- **Behavior therapy** proposes that psychological problems originate from learned behaviors

- learned behaviors that contribute to psychological problems can be unlearned

- therapy teaches client new, more effective learned behaviors

- steps in behavior therapy
  1. establish positive client-therapist relationship,
  2. identify negative thoughts/behaviors
  3. demonstrate positive learning techniques,
  4. monitor client’s progress

- 3 versions of behavior therapy: classical conditioning, operant conditioning, cognitive-behavior therapy (how thoughts and actions are associated with the problem)
BEHAVIOR TECHNIQUES EMPHASIZING CLASSICAL CONDITIONING

- Ivan Pavlov...bell ringing and the salivating dog
- John B. Watson...Little Albert, a loud noise, and a rat (stimulus generalization)
- Mary Cover Jones...Peter, rabbits, milk & crackers, and counterconditioning (the learning of a new conditioned response that is the opposite of the original learned response)
- Joseph Wolpe and systematic desensitization (the gradual learning of a new conditioned response that will replace, or inhibit, an established maladaptive response such as fear or anxiety)
- virtual reality graded exposure recent application of systematic desensitization allowing clients experience their fears in a controlled computerized setting without a real-world context
- exposure techniques involve direct exposure to the feared image or event; includes the practice of flooding (constant exposure to the feared object)
- aversion conditioning pairing of a harmful stimulus with an unpleasant stimulus (a distasteful substance); use of Disulfiram for alcoholism (causes nausea when alcohol is consumed); effective only in the short-term and not popular due to discomfort associated with it
BEHAVIOR TECHNIQUES THAT EMPHASIZE OPERANT CONDITIONING

- operant conditioning based on the belief that behavior is shaped through consequences

- behavior modification therapy  
  maladaptive behavior can be modified through consequential actions

- positive reinforcement and token economies

- extinction

- punishment

- basically...“change the behavior, change the symptoms”
COGNITIVE-BEHAVIOR THERAPY

- the fastest-growing, most common form of therapy today
- if you correct distorted thinking, the symptoms disappear
- utilizes learning principles to change people’s negative thought patterns
- when an individual is made aware of certain thoughts that cause him/her to act a certain way, behavior can be modified so it is more productive
- thoughts are responsible for both negative and positive actions
- Albert Ellis and rational-emotive behavior therapy (REBT) based on belief that distorted expectations and irrational beliefs contribute to psychological disorders
  - “ABC” model--activating event, belief, consequence
  - belief determines the consequence; need to change our beliefs
  - Nobody can hurt your feelings...we allow them to do so by our beliefs!
COGNITIVE THERAPY

- Aaron Beck developed **cognitive therapy** based on the idea that people have developed cognitive distortions, distorted perceptions, and interpretations of events that contribute to psychological disorders, especially depression and anxiety.

- Clients tend to “blow out of proportion” outcomes of events and overpersonalize events.

- It is a **directive approach**—clients identify negative thoughts AND go out and test these negative beliefs.

  - Client logs results and discusses with therapist.
  
  - Therapist builds on positive results and addresses reasons for negative ones, specifically identifying negative beliefs and providing a more rational viewpoints.
GROUP THERAPY

- **group therapy** allows one or more therapists to work with several people at the same time, observing social and interaction skills.

- advantages of group therapy:
  - therapist works with and observes interaction skills among several people, usually experiencing the same problem.
  - cost-effective for the group’s members.
  - participants gain support from listening and receiving advice from others who have had similar experiences.
  - social support groups (run by non-health professionals) often used in conjunction with group therapy (run by trained mental health professionals).
OTHER TYPES OF PSYCHOTHERAPY

- **family therapy** focuses not so much on the individual as in group therapy, but on how each member of the family contributes to the family structure
  - family members made aware of how they contribute to problems
  - provides a place to express concerns in a constructive, controlled setting

- **marital or couples therapy** each person made aware of the other person’s concerns and the partners discuss how they could improve the relationship
  - addresses issues of communication skills, intimacy, and problem-solving
EVALUATING PSYCHOTHERAPEUTIC APPROACHES

- Data suggests...
  - cognitive, behavior, and interpersonal therapies effective for treating **depression**
  - cognitive, behavior, and exposure therapies successful in treating **anxiety disorders** such as **phobias**, **panic disorder**, and **OCD**
  - cognitive-behavior therapy beneficial in treating **eating disorders**
  - behavior modification has been successful for treating **bed-wetting**
Psychological disorders with physical causes can be treated with:

- psychoactive drugs
- psychosurgery
- electroconvulsive therapy
Psychosurgery involves the destruction of tissue in regions of the brain for treating psychological disorders.

- Prefrontal lobotomy inserting a sharp instrument into the front part of the brain and severing neural connections between the prefrontal cortex and the rest of the brain.

- Reduced emotional responses that resulted from increased activity in the frontal cortex.

- Routine for treating schizophrenia, depression, and anxiety in the 1940s and 50s.

- Considered risky today due to irreversible side-effects; used only as a last resort today.
Electroconvulsive Therapy (ECT) was thought to stimulate and increase neural activity in the brain, alleviating symptoms of depression and schizophrenia; used for depressed patients who didn’t respond to drug treatments.

- Used extensively in the 1930s.
- Used now infrequently and only for severe depression in conjunction with immediate medication.
- Risky procedure that sometimes produces memory loss, seizures, speech disorders, and confusion; patients almost always relapse.
- Improvements in ECT include anesthetics, muscle relaxants (to prevent discomfort and bone fractures), and shorter duration of shocks.
- How does it work? NO ONE REALLY KNOWS!
PSYCHOACTIVE DRUGS

most popular and effective type of biomedical treatment used today

- **ANTIPSYCHOTICS (NEUROLEPTICS)** used to treat psychotic symptoms related to the positive symptoms of schizophrenia such as hallucinations, delusions, disordered thinking, and confused speech

- **Chlorpromazine (Thorazine)** and **Haloperidol (Haldol)** most widely used
  - both drugs effective but negative side effects include dry mouth, dizziness, and Parkinson’s disease-like symptoms (muscle problems, tremors, agitation, slowed movement)
  - **tardive dyskinesia** in irreversible movement disorder characterized by uncontrollable repetitive actions that involve facial twitching and rapid arm and leg movements (experienced by patients taking these medications for a number of years)

- **Clozapine (clozaril)** 2nd generation (atypical) antipsychotic without movement side effects
  - major concern is **agranulocytosis**, a fatal blood disease caused by clozapine which requires expensive weekly blood tests

- **Risperdal, Zyprexa, Seroquel, and Geodon** newer atypical antipsychotics with fewer side effects than clozapine and effective in treating both positive and negative symptoms
PSYCHOACTIVE DRUGS

most popular and effective type of biomedical treatment used today

- **ANTIDEPRESSANTS** prescribed to treat depression, increase the amount of neurotransmitters norepinephrine and serotonin

- **Tricyclics** and **MAO Inhibitors** such as Amitriptyline (Elavil) 1st generation antidepressants used since the 1950s; immediately affected production of norepinephrine and serotonin; many negative side effects including dizziness, dry mouth, weight gain, and cardiovascular problems; an overdose could prove fatal

- **Trazodone** and Bupropion (Wellbutrin) 2nd generation antidepressants had similar but fewer side effects; less effective than 1st generation

- **SSRIs (Selective Serotonin Reuptake Inhibitors)** such as Prozac, Zoloft, Paxil, Celexa, and Lexapro 3rd generation of antidepressants that have proven more successful; block reuptake of serotonin, allowing the neurotransmitter to remain in the synapses and be available next time the neuron fires (alleviating symptoms of depression)

- **SNRIs (Serotonin–Norepinephrine Reuptake Inhibitors)** including Effexor and Cymbalta newer dual action antidepressants that affect serotonin and norepinephrine levels; effective in treating depression and other mood disorders but more side effects than SSRIs
PSYCHOACTIVE DRUGS

most popular and effective type of biomedical treatment used today

- **ANTI-ANXIETY MEDICATIONS (ANXIOLYTICS)** prescribed to help people deal with anxiety
  - Benzodiazepines including **Valium** and **Xanax** are the most popular antianxiety meds
    - reduce symptoms of anxiety, nervousness, and sleeping problems by increasing the level of the neurotransmitter GABA (GABA inhibits nerve impulses to the brain)
    - side effects include reduced coordination, alertness, and reaction time
    - when combined with alcohol, effects are intensified and could result in death
    - HIGHLY ADDICTIVE
  - **BuSpar** is a newer antianxiety med with fewer side effects
    - relieves symptoms of anxiety without affecting alertness
    - drawback is that it must be taken for at least a couple of weeks before symptoms alleviated
**LITHIUM** use to treat bipolar disorder; lithium is a naturally produced substance that affects both the manic and depressive symptoms of bipolar disorder.

- First alleviates manic symptoms, then when taken over time, can prevent mania and depression.
- If lithium levels too low, mania and depression could return.
- If lithium levels too high, vomiting and muscle weakness could result.
- Effective in controlling/normalizing levels of neurotransmitter glutamate (responsible for producing excitatory effects on the brain).

**Depakote** an anticonvulsant medication originally used to prevent seizures, has proven to be a successful alternative for those people who don’t respond to lithium.
Drug treatments have had success in the management of psychological disorders. However, critics have pointed out several concerns...

- drugs may mask the problem without curing it (which misleads patients)
- overprescribing medications
- some people put on medication too quickly
- side effects, both minor and major
- risk of dependency (physical and psychological)
- doctors need to provide information about side effects, what to expect when taking the drug, and any possibility of addiction