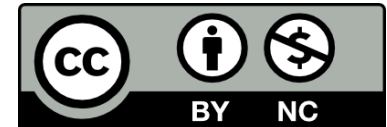# Chapter 16: Psychotherapy

PSY 100 Introduction to Psychology
David A. Caicedo

# Types of Therapy

- Psychotherapy—use of <u>psychological</u> techniques to treat emotional, behavioral, and interpersonal problems
- <u>Bio</u>medical—use of medications and other medical therapies to treat the symptoms associated with psychological disorders
- Psychotropics—drugs used to treat psychological disorders

## Table 15.1

### Who's Who Among Mental Health Professionals

| | |
|---|---|
| Clinical psychologist | Holds an academic doctorate (Ph.D., Psy.D., or Ed.D) and is required to be licensed to practice. Has expertise in psychological testing, 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 (M.D. or D.O.) 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 (M.S.W.). 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 R.N. 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 childhood urges and conflicts are "repressed" or pushed to the unconscious

- Unconscious conflicts exert influence on present behaviors, emotions, and interpersonal dynamics

- Understanding and <u>insight</u> 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 (silence; change subject); usually sign that patient is close to revealing painful memories

# More Psychoanalytic Techniques

- Dream interpretation
- Transference—process where emotions originally associated with a significant person are unconsciously transferred to the therapist
- Psychoanalysis

# Humanistic Therapies

- Carl Rogers (1902–1987)—developed this technique
- Humanistic perspective emphasizes human potential, self-awareness, and free-will
- 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

# 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
- Client must be in charge of the process
- Does not speak of "illness" or "cure"

# Therapeutic Conditions

- Unconditional positive regard for client—no conditions on acceptance of person
- Genuineness- honest and open sharing
- Empathic understanding- active listening

# 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
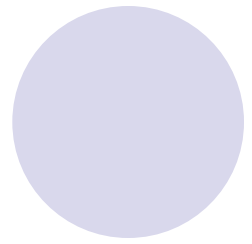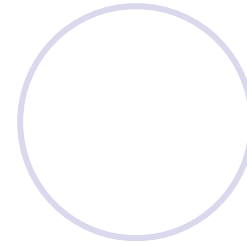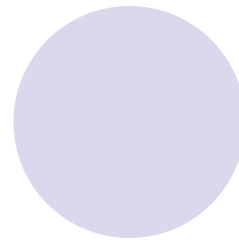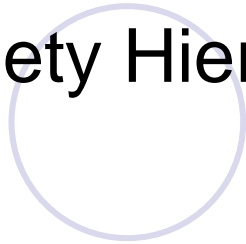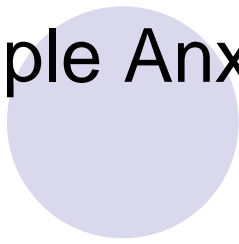
| Degree of Fear | Imagined Scene |
|---|---|
| 100 | Holding mouth open, eyes closed, listening to the sound of the dental drill as a cavity is repaired |
| 95 | Holding mouth open in preparation for an oral injection |
| 90 | Lying back in dental chair, eyes closed, as dentist examines teeth |
| 85 | 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
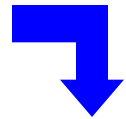- Pairs and aversive stimulus with the undesired behavior
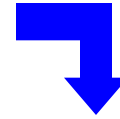
**UCS (drug)** → **UCR (nausea)**

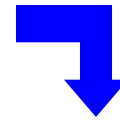**CS (alcohol)** + **UCS (drug)** → **UCR (nausea)**

**CS (alcohol)** → **CR (nausea)**

# Token Economy

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

# 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
- Albert Ellis- Rational Emotive Therapy (RET)
- Aaron T. Beck- Cognitive Therapy (CT)

# 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

# Cultural Values and Psychotherapy

- Focus: individual or social network?
- Importance of insight?
- Intimate disclosure between therapist and client

# Psychotherapies

| | Psychoanalysis | Humanistic | Behavior | Cognitive |
|---|---|---|---|---|
| Cause for disorder | Unconscious urges/conflicts are repressed but continue to influence present behaviors | Client's sense of human potential, self-awareness, and free-will is based on conditional positive regard | Abnormal behavior is learned; Insight is not needed | psychological problems are due to maladaptive patterns of thinking |
| Treatment | developing understanding and insight | focus on self-perception and individual's conscious thoughts and perceptions | classical, operant conditioning | recognize and change unhealthy thinking patterns |
| Techniques | free association; dream interpretation | unconditional positive regard; genuineness; empathy | countercondition; systematic desensitization; aversive therapy; token economy | Ellis's Rational Emotive Therapy; Beck's Cognitive Therapy |
| Other | Short-term Dynamic Therapy | | | Cognitive-Behavioral Therapy (CBT) |

# Typical Antipsychotic Medications

Typical antipsychotics/neuroleptics (Thorazine)

- 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/neuroleptics (Abilify; Seroquel)

- Newer drugs that may also be effective against negative symptoms of schizophrenia
- Affect levels of serotonin as well as dopamine
- 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

- Depakote; Tegetrol- more recent meds

# Anti-Depressant Medication

First generation—tricyclics and MAO inhibitors (Nardil)

- 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)

- Selective serotonin reuptake inhibitors (SSRI)—have fewer undesirable side effects than earlier drugs (Prozac, Paxil, Zoloft)

# Electroconvulsive Therapy

- Used for severe depression
- Very effective for quick relief of symptoms of severe depression (can be used until medication begins to work)
- May have cognitive side effects such as memory loss
- Very controversial treatment