

Therapy



Care as a social issue -- the history of treatment

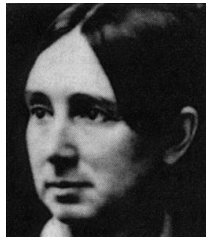
⌘ What to do with the severely disturbed?

- ☒ middle Ages to 17th century
 - ☒ madness = in league with devil
 - ☒ torture, hanging, burning, sent to sea
- ☒ 18th century
 - ☒ mentally disordered people = degenerates
 - ☒ keep them away from society

The 19th century & attempts at reform

Dorothea Dix (1802-1887)

- ☒ reform of U.S. system
- ☒ moral-treatment movement
- ☒ kindly care
- ☒ led to large, state-supported public asylums
 - ☒ overcrowding, loss of public attention



The 20th century

- ⌘ Deinstitutionalization (mid-1950s)
 - ☒ get people out of asylums and back into community
 - ☒ effective antipsychotic medication
 - ☒ general mood of optimism in country
- ⌘ 1961: establishment of community mental health centers

Places of treatment

- ⌘ public or private mental hospitals
- ⌘ general hospitals
- ⌘ nursing homes for older patients with mental health needs
- ⌘ halfway houses/group homes
- ⌘ community mental health centers
- ⌘ private offices

Providers of treatment

- ⌘ Psychiatrists
 - ☒ medical degree (M.D.)
 - ☒ special training/residency in psychiatry
 - ☒ mainly hospitals & private practice
 - ☒ can prescribe drugs
- ⌘ Clinical psychologists
 - ☒ doctoral degree (Ph.D.) in psychology
 - ☒ training in research & practice
 - ☒ universities, private practice, community mental health

Who Does Therapy?

⌘ Clinical or Psychiatric social worker

- ☑ A two-year Master of Social Work graduate program plus postgraduate supervision prepares some social workers to offer psychotherapy, mostly to people with everyday personal and family problems.
- ☑ About half have earned the National Association of Social Workers' designation of clinical social worker.

Who Does Therapy?

⌘ Counselors

- ☑ Marriage and family counselors specialize in problems arising from family relations.
- ☑ Pastoral counselors provide counseling to countless people.
- ☑ Abuse counselors work with substance abusers and with spouse and child abusers and their victims.

Recipients of treatment

- ⌘ Most people who meet criteria for DSM diagnoses do not seek treatment
- ⌘ Variability due to sex, education, race & income level.
 - ☑ These people are more likely to seek treatment:
 - ☑ women
 - ☑ college educated
 - ☑ white
 - ☑ higher income

Therapy

⌘ Psychotherapy

- ☒ an emotionally charged, confiding interaction between a trained therapist and someone who suffers from psychological difficulties

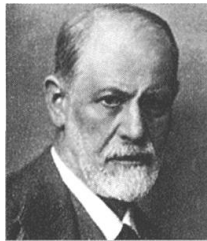
⌘ Eclectic Approach

- ☒ an approach to psychotherapy that, depending on the client's problems, uses techniques from various forms of therapy

Psychodynamic Therapy: Psychoanalysis

⌘ Freud

- ⌘ Psychological problems result from inner mental conflicts
- ⌘ Must make these conflicts conscious
- ⌘ Unconscious wishes
- ⌘ Repressed memories



Techniques in psychoanalysis

⌘ Free association

- ☒ patient relaxes and reports everything that comes to mind

⌘ Dream analysis

- ☒ latent content
- ☒ manifest content
- ☒ Freudian symbols

⌘ Mistakes

- ☒ slips of the tongue "Freudian Slip"

Resistance & Transference

⌘ Resistance

- ☑ unconscious material causes anxiety
- ☑ patients resist attempts to bring unconscious into conscious
- ☑ "forgetting"
- ☑ refusing to discuss certain topics

⌘ Transference

- ☑ patient's unconscious feelings about person in their life experienced as feelings toward therapist

Insight & Cure

- ⌘ Analyst's job is to make inferences about patient's unconscious conflicts
- ⌘ Once patient experiences them consciously, can modify or express them
- ⌘ Patient must accept insights of therapist
- ⌘ Analyst leads patient to insight so patient comes to insight themselves

Humanistic Therapy

- ⌘ Emphasis on inner potential for positive growth
- ⌘ Similarity to psychodynamic
 - ☑ help clients become more aware of inner feelings & desires
- ⌘ Differences from psychodynamic
 - ☑ inner feelings & desires are seen as positive & life-promoting
 - ☑ main goal is to help client take control of own life

Carl Rogers

⌘ Client-centered therapy

- ☑ focus on thoughts, abilities, cleverness of client
- ☑ not focused on insights of therapist
- ☑ therapist as a sounding board for client's thoughts



Concepts of client-centered therapy

⌘ Problems caused by denial of own feelings & distrust of ability to make decisions

⌘ Empathy

- ☑ attempt to comprehend feelings from client's point of view
- ☑ use of reflection

⌘ Unconditional positive regard

- ☑ client is worthy & capable no matter what client does or says
- ☑ creates safe, nonjudgmental atmosphere

⌘ Genuineness

Cognitive therapy

⌘ People disturb themselves with their own thoughts

⌘ Goals of cognitive therapy

- ☑ identify maladaptive ways of thinking
- ☑ replace these with adaptive ways

⌘ Similarity to humanistic

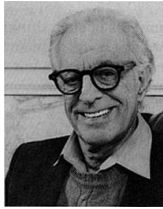
- ☑ focus on conscious mental experience

⌘ Differences from humanistic

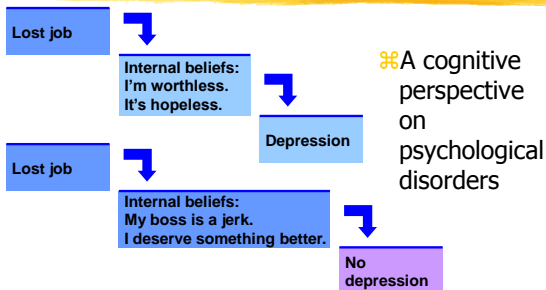
- ☑ problem-centered rather than client-centered
- ☑ relationship is more directive

Ellis' Rational-Emotive Therapy

- ⌘ Albert Ellis
- ⌘ Negative emotions arise from people's irrational interpretations of experiences
- ⌘ "Must"erations
 - ☒ irrational belief that you must do or have something
- ⌘ Awfulizing
 - ☒ mental exaggeration of setbacks

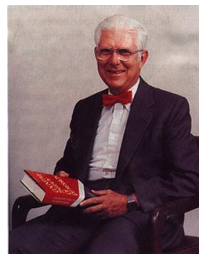


Cognitive Therapy



Beck's Cognitive Therapy

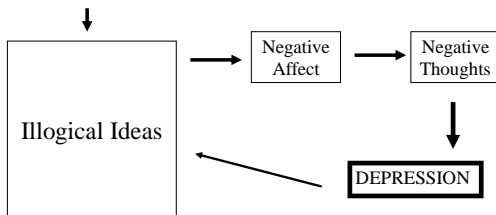
- ⌘ How we perceive the world, situations, affects how we feel.
 - ☒ Break cycle of negative thoughts
 - ☒ Depressed People Tend to:
 - ☒ Overgeneralize negative events
 - ☒ Explain away positive occurrences
 - ☒ Perceive the world as dangerous
 - ☒ Magnify the importance of undesirable events
 - ☒ "All-or-Nothing" thinking



Aaron T. Beck

Beck's Cognitive Behavioral Therapy

Intervene here to change illogical thought patterns which lead to depression



Cognitive Therapy

⌘ Cognitive-Behavioral Therapy

☒ a popular integrated therapy that combines cognitive therapy (changing self-defeating thinking) with behavior therapy (changing behavior)

Behavior Therapy

- ⌘ Concentrate on observable stimuli & responses
- ⌘ Consider mental events as "covert" responses
- ⌘ Most behaviorist therapists now practice cognitive-behavior therapy
 - ☒ combination of cognitive & behavioral principles used

Exposure Treatments

- ⌘ Used for phobia treatment
- ⌘ Systematic desensitization
 - ☑ train client in muscle relaxation
 - ☑ then combine imagery of feared object with relaxation
 - ☑ use increasingly frightening scenes
 - ☑ highly effective for treating phobias
- ⌘ Flooding
 - ☑ expose person to feared stimulus and allow them to experience accompanying fear
 - ☑ Fear gradually declines & disappears

Aversion Treatment

- ⌘ Used for bad habits
 - ☑ drinking
 - ☑ smoking
 - ☑ gambling
- ⌘ Use of operant conditioning principles
 - ☑ painful or unpleasant stimulus follows the unwanted behavior
- ⌘ Example
 - ☑ Antabuse for alcohol usage
- ⌘ Controversial treatment
- ⌘ Limited generalizability of results

Other Behavioral Techniques

- ⌘ Token economies
 - ☑ exchange system
 - ☑ often used in inpatient treatment
- ⌘ Contingency contracts
 - ☑ formal written agreement
- ⌘ Modeling
 - ☑ therapist models adaptive behaviors for client

Biological Treatments

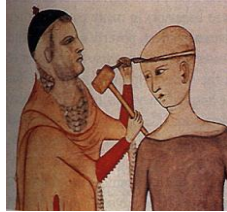
⌘ Attempts to solve the disorder by altering bodily processes

⌘ History

- ☑ drilling holes in head
- ☑ blood letting

⌘ Psychopharmacology

- ☑ effects of drugs on mind and behavior



Antipsychotic Drugs

⌘ Used for schizophrenia & other psychotic disorders

⌘ Most work on neurotransmitter dopamine

⌘ Problems

- ☑ relieve positive but not negative symptoms
- ☑ make person seem more normal, but don't increase life satisfaction
- ☑ unpleasant & harmful side effects
 - ☑ tardive dyskinesia
- ☑ may reduce chances of full recovery

Antidepressants

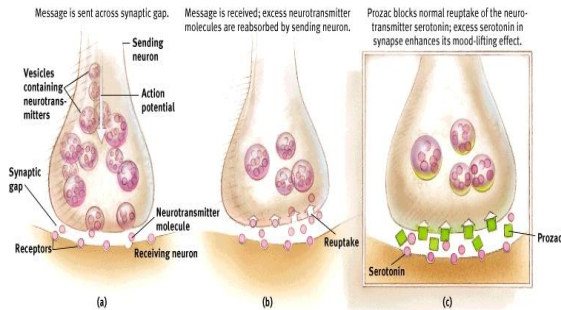
⌘ Tricyclics

- ☑ imipramine
- ☑ amitriptyline
- ☑ block reuptake of serotonin & norepinephrine

⌘ Selective serotonin reuptake inhibitors (SSRIs)

- ☑ fluoxetine (Prozac)

Biomedical Therapies



Effectiveness of antidepressants

⌘ Tricyclics

- ☑ good rate of recovery from major depression with use
- ☑ side effects include fatigue, dry mouth, blurred vision

⌘ SSRIs

- ☑ as effective as tricyclics
- ☑ fewer side effects

Antianxiety Drugs

⌘ Historically, barbituates were prescribed

⌘ Benzodiazepines are safer

- ☑ chlordiazepoxide (Librium) & diazepam (Valium)
- ☑ most effective for generalized anxiety
- ☑ not effective for phobias, OCD, or panic disorder
- ☑ work by augmenting action of GABA

Electroconvulsive Shock Therapy (ECT)

- ⌘ Used primarily in cases of severe, unrelenting depression
- ⌘ Modern ECT is very different from early ECT
 - ☑ safer
 - ☑ patient given drugs to sedate beforehand
 - ☑ painless
- ⌘ 70% people who don't respond to other treatments get relief with ECT

Concerns with ECT

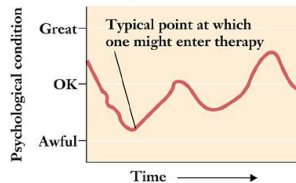
- ⌘ Permanent brain damage?
 - ☑ no evidence to support
 - ☑ do find temporary disruptions in cognition (memory)
- ⌘ Bilateral ECT can result in loss of memory for events a day or two previous to treatment
 - ☑ usually returns in a month
- ⌘ Unilateral ECT produces little apparent memory loss

Psychosurgery

- ⌘ Treatment of last resort
- ⌘ 1930s to 1950s
 - ☑ prefrontal lobotomy
 - ☑ incapacitated patients
 - ☑ not utilized anymore

Does therapy work?

- ⌘ People report feeling better after therapy
- ⌘ Maybe they would have gotten better anyway



Need studies comparing no treatment to treatment to evaluate efficacy

General conclusions about therapy effectiveness

- ⌘ People in treatment do better than those not
- ⌘ Each type of therapy as effective as the others
- ⌘ Some types of therapy work better for specific problems
 - ☑ cognitive-behavioral best for fear & anxiety
 - ☑ humanistic best for self-esteem
 - ☑ psychodynamic best for work/school achievement
- ⌘ Some therapists are better than others
 - ☑ warm, understanding, motivated

Nonspecific factors in therapy effectiveness

- ⌘ Nonspecific = unrelated to specific principles but critical to outcome
- ⌘ Support
 - ☑ acceptance, empathy, encouragement, guidance
- ⌘ Hope
 - ☑ sense of faith in therapy process
 - ☑ placebo effect = improvement from belief, rather than actual effect