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.

- 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"erbations
  - Irrational belief that you must do or have something
- Awfulizing
  - Mental exaggeration of setbacks

Cognitive Therapy

- Lost job
  - Internal beliefs: I'm worthless.
  - Internal beliefs: It's hopeless.
  - Depression

- Lost job
  - Internal beliefs: My boss is a jerk.
  - Internal beliefs: I deserve something better.
  - No depression

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

- Illogical Ideas
  - Negative Affect
  - Negative Thoughts
  - DEPRESSION

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**Cognitive Therapy**

- **Cognitive-Behavioral Therapy**
  - A popular integrated therapy that combines cognitive therapy (changing self-defeating thinking) with behavior therapy (changing behavior)

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**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