

Chapter 14

Therapies

Types of Therapy

- Psychotherapy—use of psychological techniques to treat emotional, behavioral, and interpersonal problems
- Biomedical—use of medications and other medical therapies to treat the symptoms associated with 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 urges and conflicts are “repressed” or pushed to the unconscious
- Unconscious conflicts exert influence on behaviors, emotions, and interpersonal dynamics
- Understanding and insight 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; usually sign that patient is close to revealing painful memories

More Psychoanalytic Techniques



- Dream interpretation—dreams are the “royal road to the unconscious”; interpretation often reveals unconscious conflicts
- Transference—process where emotions originally associated with a significant person are unconsciously transferred to the therapist

Other Dynamic Therapies



- Most therapies today are shorter-term
- Based on goals that are specific and attainable
- Therapists are more directive than traditional psychoanalysis
- Traditional psychoanalysis is seldom practiced today

Humanistic Therapies



- 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
- Carl Rogers (1902–1987)—developed this technique

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
- Does not speak of “illness” or “cure”

Therapeutic Conditions



- Genuineness—therapist openly shares thoughts without defensiveness
- Unconditional positive regard for client—no conditions on acceptance of person
- Empathic understanding—creates a psychological mirror reflecting clients thoughts and feelings

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

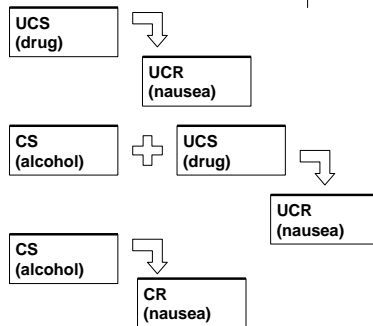
- Based on classical conditioning
- Uses three steps:
 - Progressive relaxation
 - Development of anxiety hierarchy and control scene
 - Combination of progressive relaxation with anxiety hierarchy

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



Token Economy

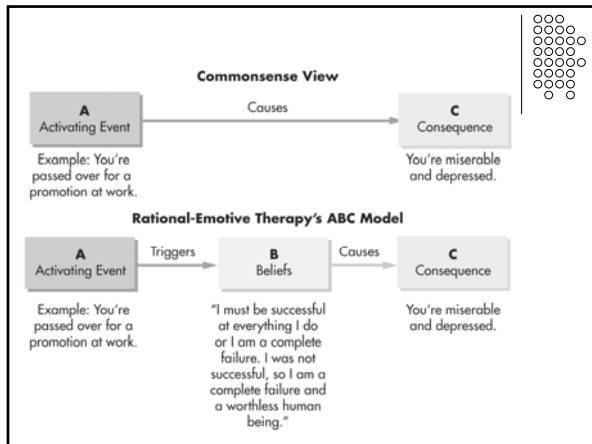
- Based on operant conditioning
- Use for behavior modification in group settings (prisons, classrooms, hospitals)
- Has been successful with severely disturbed people
- Difficult to implement and administer

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

Rational Emotive Therapy

- Developed by Albert Ellis
- ABC model
 - Activating Event
 - Beliefs
 - Consequences
- Identification and elimination of core irrational beliefs



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

Group and Family Therapy

- Group therapy—one or more therapists working with several people at the same time.
- Family therapy—based on the assumption that the family is a system and treats the family as a unit.
- Couple therapy—relationship therapy that helps with difficulty in marriage or other committed relationships

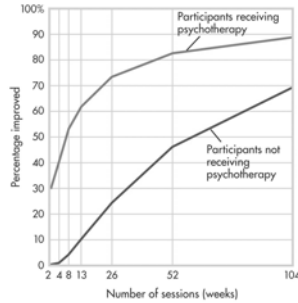
Effectiveness of Psychotherapy

- Most people do not seek help with problems
- Many people report spontaneous remission
- Meta-analyses show that psychotherapy is more effective than no treatment
- Generally no differences among the types of psychotherapy

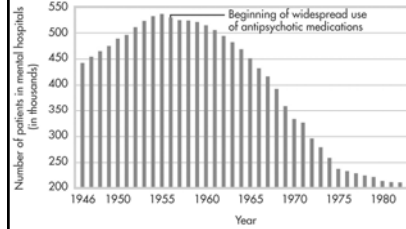
Factors in Successful Therapy

- Therapeutic relationship—caring and mutually respectful
- Therapist characteristics—caring attitude, ability to listen, sensitive
- Client characteristics—motivated, actively involved, emotionally and socially mature

The rates of improvement for more than 2,000 people in weekly psychotherapy and for 500 people who did not receive psychotherapy. Clearly, psychotherapy accelerates both the rate and the degree of improvement for those experiencing psychological problems. SOURCE: McNeilly & Howard, 1991.



Biomedical Therapies



- Widespread use of antipsychotic medications began in the mid-1950's
- Can be related to number of patients in mental hospitals

Typical Antipsychotic Medications

Typical antipsychotics

- 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

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

Anti-Depressant Medication



First generation—tricyclics and MAO inhibitors

- Effective for about 75% of patients
- 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, Desyrel)
- Selective serotonin reuptake inhibitors (SSRI)—have fewer undesirable side effects than earlier drugs (Prozac, Paxil, Zoloft)

Table 15.9

Antidepressant Drugs	Generic Name	Trade Name
First-Generation Antidepressants		
Tricyclic antidepressants		
	Imipramine	Tofranil
	Desipramine	Norpramin
	Amitriptyline	Elavil
MAO inhibitors		
	Phenelzine	Nardil
	Tranylcypromine	Parnate
Second-Generation Antidepressants		
	Trazodone	Desyrel
	Bupropion	Wellbutrin
Selective Serotonin Reuptake Inhibitors (SSRIs)		
	Fluoxetine	Prozac
	Sertraline	Zoloft
	Paroxetine	Paxil
	Fluvoxamine	Luvox
Dual-Action Antidepressants		
	Nefazodone	Serzone
	Mirtazapine	Rimemon
	Citalopram	Celebra
Dual-Reuptake Inhibitors		
	Venlafaxine	Effexor
	Duloxetine	Cymbalta

SOURCE: Based on Jahn (2005).



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