Psychotherapies – Chapter 14

What are the two modern ways in which psychological disorders can be treated, and how have they been treated in the past?

Therapy describes a variety of treatment methods to help people feel better. The two main types are psychotherapy where you discuss your problems with a therapist who tries to understand and change behavior. The second is biomedical therapy that uses medicine or medical procedures to control the symptoms.

Psychotherapy can be done individually or in groups. The goal is to help people with the disorders understand themselves better by gaining insight. Sometimes gaining insight is the primary goal so there is insight therapies. Other times it’s about action therapy where the focus is on changing behavior.

Biomedical therapy uses medical procedures such as drugs, shock treatments, and surgical methods to change thinking or behavior. It is great at removing the symptoms, but most agree that it should be done with some kind of psychotherapy to get at the actual problem and not just solve the symptoms.

Early Treatment – For a long time people with mental disorders were thought to be possessed. Treatments were severe and often deadly. The first time people began to attempt to address mental health was in England in the mid-1500s. Bethlem Hospital in London was the first. It was nicknamed Bedlam and was converted to an asylum. This was not much different than a prison where people were changed to their beds and treatment consisted of bloodletting, beatings, induced vomiting, and ice baths. Finally in 1793 during the French Revolution people began to take a look at a more moral treatment based on kindness and guidance. This is when patients were first unchained from their beds. Dorthea Dix – an American continued the practice and pushed for more reform.

Origins of Psychotherapy: Freud and psychoanalysis

Freud didn’t focus on cleansing but instead believed that the problem stemmed from unconscious conflicts in the mind. He began to use the words patients which implied there was a medical problem. Today many psychologists use the words clients to show that the people aren’t sick but who need help fixing a problem.

Who can treat psychological disorders and what training is required?

Psychiatrists – these are medical doctors who diagnose and treat psychological disorders. Most don’t actually do therapy, but diagnose and prescribe medicine and then connect them with a psychotherapist.

Psychoanalysts – they are either psychiatrists or psychologists that are trained in the practice of psychoanalysis. Modern psychoanalysis is much faster but still based on the belief that there are unconscious desires/thoughts that need to be addressed.

Psychiatric Social Workers – they are trained in social work. They look more at environmental factors that can affect mental health. They often work in a clinical setting.

Psychologists – they hold a PhD (doctor of philosophy) or Psy.D. (doctor of psychology) but have no medical training. People that have just a MS are called therapists not psychologists. Most states do not allow them to prescribe medication although lately there are a few states that are allowing this if they have gone through specialized training. This helps reduce costs and time waiting on medication. Most psychologists are not psychoanalysts. Counselors or therapists have little to do with Freud’s training/theories. Also psychologists don’t all work in fields where counseling is taking place. Some may teach, conduct research, others design equipment, develop educational methods or work as consultants to businesses and the court system.

Identifying Psychological Treatments and evaluate their effectiveness

What are the different types of psychotherapy?

The original psychotherapy comes from Freud. He wanted patients to explore their inner most feelings without fear of embarrassment or rejection. This is a type of insight therapy that focuses on unconscious urges, desires, and conflicts. Originally he would have them lay on a couch so they were more comfortable and childlike – so they could recall childhood memories. The analyst was behind the patient so they would not affect the patients’ memory recall or add to the embarrassment. the patient was encouraged to say whatever came to mind as Freud believe that your unconscious desires would come through and it would provide insights into the urges and conflicts.

The method has changed a little but still focuses on two main techniques: dream interpretation and free association.

We will get into dream interpretation more later, but in a nutshell Freud thought repressed material would surface in dreams through various symbols. That if you looked beyond the manifest content (what you actually see) to the latent content – the hidden symbolic information. When interpreted you would see that repressed feelings and urges.

Free association actually came from Josef Breuer, a coworker, who encouraged his patients to say whatever came to mind. This was adopted by Freud who believed that the unconscious was trying to break through what many of us call a stream of consciousness. Through this method, the patients would ultimately reach a point of resistance where they would be unwilling to talk. When they hit this point you knew what the cause of the problem was and the therapist could then guide them to address that. They might also practice transference – where they would transfer feelings about or toward past authority figures onto the therapist. The fact that the therapist was unjudgmental and safe would allow the patient to feel trust like they did with the authority figure. But when the therapist remained neutral the patient would then transfer the feelings of anger as well.

The job of the therapist is to interpret what all this means. Where did they stop talking with resistance, what emotions or reactions were transferred, what came out in the dreams? The therapist and the patient could then use that to get at the problem.

Very few psychoanalysis's use this method today. Most are more direct, ask questions, make suggestions and give interpretations early on. They also focus less on the id (the pleasure principal) and focus more on the ego or sense of self.

Psychodynamic Theory is a broader newer term for psychoanalysis. They focus more on transference and work better with intelligent clients that are highly verbal. They are good for people that have nonpsychotic adjustment disorder (affective, anxiety, somatoform, or dissociative disorders). One criticism is that it’s not very scientific and that his interpretation was not that great since he was bothered by how disturbed his patients really were.

Humanistic Therapies – these focus on conscious emotional experiences and a sense of self. Also focuses on present day rather than childhood experiences. It looks at individual choices and the chance to change behavior. The most well-known is Carl Rogers’ Client Centered or person centered therapy.

The focus is on the sense of self which looks at the real self and the ideal self. The closer the two are to each other, the happier the patient is. The further away they are the more unhappy the patient is. The way to get them close together is to have unconditional positive regard – meaning love no matter what. No strings attached. As soon as love has conditions the ideal selves will be determined by those condition and become difficult to achieve.

The goal of the therapist is to help rectify the difference between the ideal and the real self. The goal if for the client to do the work by talking out the problems. It is nondirective because the therapist is a sounding board vs giving advice or interpreting. Rogers actually changed the term from client to person – and the process became known as person-centered therapy. For this to work there are four elements:

* Unconditional positive regard
* Reflection – this is when the therapist restates the client’s statements – almost like a mirror but without additional commentary.
* Empathy – this is how the feelings are acknowledged. This is about listening closely and carefully. Trying to feel what they feel.
* Authenticity – being genuine. You have to be able to relate.

Person centered therapy is used to treat mental illnesses but also for marriage and family counseling. It is very ethical because of its non-directiveness. The cons are the same though as much of psychoanalysis – most of the research is based on case studies with little supporting experimental evidence. Clients have to be intelligent, verbal, and able to express themselves logically, which makes humanistic therapies a less practice chalice for treating more serious mental disorders such as schizophrenia.

Behavior Therapies are action based. The purpose is to change behavior. According to them, the behavior isn’t a symptom, but is the problem itself. The belief is it was created by learning so learning can solve the problem as well. Tends to produce faster results. The belief is that all behaviors are learned through either classical or operant conditioning.

Classical conditioning focus on involuntary response – learned by pairing a neutral stimulus with one that produces a response

Operant conditioning focus is on voluntary response – learned through rewarding or punishing different behaviors.

Both are the basis of applied behavioral analysis techniques (behavior modification). There are several ways to do this. The following are the result of classical conditioning.

* Systematic Desensitization – going through a series of steps to treat a phobia. Each step of the way, the client is taught to relax until they are able to face their phobia.
* Aversion Therapy – reducing a behavior by continually pairing it with an unpleasant stimuli. A certain behavior is paired with something that makes you sick so you don’t do the behavior any more
* Flooding (also known as exposure and response prevention). Also used to treat phobia, but much faster and more aggressive than the first two. The person is faced by the phobia and unable to escape. When nothing happens, the fear is extinguished. It has been beneficial in treating both PTSD and OCD.

The following are operant conditioning

Reinforcement is the basis of operant conditioning. Behaviors are learned due to the response that follows the behavior. There are several ways in which reinforcement is used:

* Token economy – clients earn tokens for special privileges. Think of when you were in elementary school and got tickets for good behavior.
* Contingency contracting – a formal agreement with the expected behaviors, responsibilities, and goals of both parties. – Think behavior chart/plan
* Modeling – based on Albert Bandura. The belief is that you can face your fears by watching others do the same. Participant modeling is when you observe and eventually begin to imitate the correct behavior. Modeling has been used to treat dental fears, phobias, and social withdrawal. In each case you watch someone do it without any bad results and eventually you can do it as well.
* Extinction – reduces the frequency by removing a reinforcer. Not giving someone attention when the behavior occurs. Sometime this looks like time-out.
* Shaping – rewarding the person for each of the little steps in the behavior. If they do a little step wrong they are immediately corrected

These kind of techniques are good for working with specific behavioral problems but not so great with severe psychological disorders.

Cognitive Therapies – first developed by Aaron Beck, is also an action based therapy. The focus is to change how you think. The goal is to help clients objectively evaluate the truth of the beliefs. Then they can recognize distorted, negative, thoughts and replace them with more positive, helpful ones.

There are 5 different types of thoughts that are addressed:

* Arbitrary interference – decisions with no evidence
* Selective thinking – only focuses on one aspect of a situation, leaving out many of the others
* Overgeneralization – make sweeping conclusions and then applies it to other areas that it has nothing to do with
* Magnification and minimization – blows bad things out of proportion and not recognizing the good
* Personalization – taking responsibility for things that are not connected to the individual.

Therapists ask them to examine and test their beliefs. Starts out by identifying the illogical thoughts. The clients are guided through the process by asking where did this thought arise. What evidence do you have to support it? So it’s critical thinking based on your own thoughts – not the outside world.

Cognitive Behavior therapy is related but it address both the thinking and the behavior. In CBT the belief is that people observe the world, make assumptions and inferences based on their observations and then decide how to respond.

Disorders come from illogical, irrational cognitions and that changing the thinking will relieve the symptoms. They also have the goals of:

* Relieving the symptoms and resolving the problems
* Help clients develop strategies to cope with future problems
* Replace irrational, self-defeating thoughts with more rational, self-helping thoughts.

Another type of cognitive therapy is REBT – rational emotive behavior therapy created by Albert Ellis. Clients are encouraged to challenge irrational beliefs with more rational, helpful statements. It’s looking at the all or nothing statements and realizing it isn’t really all or nothing. This therapy is very directive and confrontational

Cognitive therapy and cognitive behavioral therapy are action therapies and are much less expensive and shorter. They look at the problem directly and help the client deal with the symptoms. Some think that they treat the symptom and not the problem.

Group Therapies: Not for the Shy

Individual therapy is often expensive so an alternative is group therapy. This is where people get together that have similar problems and discuss under a therapist. Most of the psychotherapies can be done in group therapy – but person centered and behavior therapy are the most suited.

Two of the most common types of group therapy are family counseling self-help groups.

Family counseling is also known as family therapy. The focus is improving the communication in the family. They look at how people in the family interact and believe it’s no one person’s fault but each can contribute to the problem or the solution.

Self-help groups are people who meet voluntarily with others who have similar problems. Generally there is no therapist in charge. Group members volunteer to lead individual meetings. One such group is AA – Alcoholics Anonymous. Pretty much there is a self-help group for pretty much every problem and psychological disorder. Some reason to choose self-help groups is because therapy is costly and these groups are free. Also it’s nice to feel like you are not alone. Many think since a therapist hasn’t actually experienced the issue that they can’t help you. Sometimes just knowing that you are not alone is enough to get your through the issue. Breast cancer patients who go through group therapy have a higher survival rate than those that go to individual or not at all.

Advantages:

* Lower cost or no cost
* Exposure to the ways in which other people view and handle the same kinds of problems
* The opportunity for both the therapist and the person to see how that person interacts with others
* Social and emotional support from people with similar or identical problems.

Disadvantages

* Possible reluctance to share personal feelings and secretes with a group
* Necessity of sharing the therapist's time during sessions
* Possible difficulty speaking up due to shyness or discomfort in social situations
* Inappropriateness for certain types of problems, such as seer psychiatric disorders involving paranoia

Group therapy is often combined with individual and biomedical therapies. Group therapy is more effective if it is long term and looks at interactions versus psychotic symptoms. And since rarely does one type of treatment work with everyone, most therapists today use an eclectic therapy approach where they take a little from varying perspectives.

How effective is psychotherapy?

Originally it was thought that psychotherapy was really no more effective than not receiving any treatment at all. As more tried to corroborate this research done by Eysenck, they found that they all seemed to be equally as effective but that doesn’t mean that they were actually effective. Some of the reasons it’s difficult to study the effectiveness is

* The ethics of treating some and not others.
* The potential for a placebo effect is high
* Difficulties in how long different types of therapy take to achieve results
* Difficulties in defining and measuring “improvements”
* Bias and inaccuracies that affect the experimenters or the clients reporting.

Even though there are problems, people who have received psychotherapy believe that it works and sometimes that is enough. They have found that some types are better for some issues, but no one type is most effective or works for every problem.

Characteristics of effective psychotherapy – as stated before, many therapists take an eclectic stance since no one type is perfect. Therapeutic alliance is extremely important. This is the relationship between client and therapist. It needs to be supportive, caring, warm, and accepting, characterized by empathy, mutual respect, and understanding.

What else influence effectiveness

The biggest outside influence of the effectiveness is tied to culture, ethnic, and gender concerns. Values change based on culture so sometimes when they are different between the therapist and the client it came become difficult. For instance Western cultures believe in being dominant and assertive where that is not a welcomed value in Eastern cultures. Therapy is only effective if a successful outcome is achieved. So if the therapist projects values that are not important to the client, the client might never return and then the psychotherapy loses its effectiveness. Members of ethnic and minority groups tend to drop out more frequently than majority cultures, but this numbered is lessened when the client and the patient are of the same race/ethnicity.

Some potential barriers:

* Language
* Cultural values – hinders forming an empathetic relationship
* Social class
* Nonverbal communication

Research on gender differences vary – but for the most part it is insignificant. The therapist’s gender might play a small role, but the culture tends to be more important.

Psychotherapeutic strategies and disorder prevention

These techniques can treat psychological disorders but the question is – can they prevent them. According to many the question is yes. Sometimes addressing the issues due to environment before they arise might be enough and can help you avoid expensive drugs and therapy later on. Poverty, racism, sexism, all can lead to negative thought patterns and emotions as well as harmful behaviors. So therapy can help by changing the thought patterns, modeling, and reinforcing positive behaviors. Basely actively combatting poverty, unemployment, and inequality can help reduce society’s stress.

Biomedical Therapies and Issues in Therapy

Psychopharmacology is the use of drugs to control or relieve the symptoms of a psychological disorder. Usually they are combined with other types of therapy.

There are four basic kinds of drug therapy

Antipsychotic – treat psychotic symptoms such as hallucinations, delusions, and bizarre behavior. There are different types of these drugs –

* Typical neuroleptics that block dopamine receptors in the brain. (These were thought to bring pleasure, but more recently they have found them to help predict and approach rewards and avoid punishment. One of the downfalls though is that the dopamine pathways are also involved in movement so people can have involuntary jerking movement of the face and body that last even after they stop the medication
* Atypical neuroleptics – they also block dopamine but seem to be more specific in the pathways they target. They also target serotonin receptors so there are less side effects
* Partial dopamine agonists – activate some dopamine receptors vs blocking them. (An agonist is acts like a neurotransmitter. These are good because people sometimes have to take neuroleptics for long periods of time and that can lead to diminished cognitive functioning. The hope with these is that they can use them for shorter periods of time and they will have less side effects.

Antianxiety drugs – used to treat disorders ranging from mild anxiety to panic disorders and other phobias.

* The most common is a type of mild tranquilizer – benzodiazepine (valium, Xanax) they can relieve the symptoms within 30 minutes. But they are highly addictive and cause serious withdrawals.

Antidepressant - were used originally to treat other disorders/illnesses but were transferred to treat depression due to their relaxing nature.

* MAOI monoamine oxidase inhibitors – Monoamine oxidase breaks down norepinephrine, serotonin and dopamine that control mood. People who are depressed seem to do better if they are in the synaptic gap longer versus being absorbed quickly. This slowing down of the breaking down of the neurotransmitter allow them to bind better. Some of the side effects are weight gain, constipation, dry mouth, dizziness, headache, drowsiness or insomnia and sexual arousal disorder. You can also have increased blood pressure.
* Tricyclic antidepressants – they increase the activity of serotonin and norepinephrine by inhibiting their reuptake into the neuron’s synaptic vesicles. Side effects are similar to the MAOIs but also include skin rashes, blurred vision, lowered blood pressure and weight loss.
* Selective serotonin reuptake inhibitors – this slows serotonin only. Which causes fewer side effect. They may take 2-6 weeks to show effect (Prozac, Zoloft or Paxil)

Antimanic Drugs – mood stabilizers.

* Lithium is the most common. Weight gain is a common effect, but it can be regulated quickly. But diet is important as too much caffeine or too little sodium causes lithium to build up in your system and it can kill you.
* Anticonvulsant drugs – usually treat seizures also can treat mania. (Depakote). They can be as effective as lithium and regulating mood

Electroconvulsive Therapy – delivers an electric shock to one or both sides a person’s head, resulting in a seizure of convulsion and the release of a flood of neurotransmitters. Mood improves almost immediately. – used to treat depression, schizophrenia and severe mania. It was developed in the 1930s by Ugo Cerlett and Lucio Bini. They used it to treat some with schizophrenia who fully recovered after 11 treatments. Some side effects were broken bones, bitten tongues, and fractured teeth. Got a bad wrap after One flew over the cuckoos nest. Today it is only used to treat severe cases and most states require informed consent. Use for severe untreatable depression where the patients are attempting suicide. It’s not a cure and no one is fully aware as to why it works. Side effects include inability to form new long term memories.

Psychosurgery – cutting into the brain to remove or destroy brain tissue and thereby relieve psychiatric symptoms.

* Prefrontal lobotomy – severs the connection between the prefrontal lobe and the rest of the brain. This was a hit or a miss procedure. Some were better, some lacked apathy or emotional response. Roughly 6% died.
* Bilateral cingulotomy – use MRI to guide an electrode to the cingulate gyrus that connect the frontal lobes to the limbic system which controls emotional reactions and destroys a very small and specific area. It is effective in about 1/3-1/2 of cases of major depression, bipolar and OCD. Because it is deliberate and permanent brain damage – it will only be done when all else fails.