# Key Dates

- TH Apr 20 Unit 25; Psychological Perspective Assignment in class
- TU Apr 25 Begin Social Perspectives, Unit IIIC and 26
- TH Apr 27 (last class) Unit 27; Social Perspective Assignment in class; Term Paper Step 4
- WE May 3 11:30-2:30 Final Exam (Part I Multiple Choice, Part II Short Essays); Term Paper Step 4 (slight penalty)

Goal: To learn about and evaluate the value of various psychologically-based methods in the treatment of different forms of psychopathology

UNIT 25: PSYCHOLOGICAL APPROACHES TO TREATMENT

# Learning Outcomes

Sy the end of this class, you should be able to:

- Describe what psychologists mean when they talk about "schools" of psychotherapy.
- Summarize the areas of psychopathology where traditional forms of psychotherapy appear to be most useful.
- List and describe some of the techniques that might be used by a cognitive therapist.
- Describe some specific behavior therapy methods and how they can be used to treat different forms of psychopathology.
- Explain some of the controversies that are involved in efforts to use psychological methods to treat substance-use disorders

- Psychotherapy vs. counseling
  - Some use them interchangeably
  - For some, "psychotherapy" only refers to the "depth" methods that derive from Freudian psychoanalysis
  - Others would also include humanistic therapies as well, though this is often called "client-centered counseling"
  - Also includes individual, couples/marital, family, group methods

- Sychotherapy vs. counseling (cont'd)
  - Others say that psychotherapy focuses on the disorder and symptoms, while counseling focuses on problems
  - Some include any psychologically-based approach, including behavioral and cognitive therapies
  - My preference: "psychotherapy" reflects the traditional intrapsychic view, distinct from the newer forms of behavior therapies (BT), cognitive therapies (CT) and cognitivebehavioral therapies (CBT)

- Sychoanalysis in modern form
  - Very few practicing psychotherapists describe themselves as Freudian
  - Yet many still subscribe to some core ideas:
    - Psychic determinism
    - The inner life over external reality
    - The importance of history, early development
    - Self-expression, insight
    - Verbal exchanges
    - The therapeutic relationship

Schools of psychotherapy

- Psychotherapy has been dominated by great figures, each of whom developed his/her own unique approach; e.g.:
  - Neo-Freudians (Sullivan, Horney, Fromm)
  - Existential analysis (May)
  - Gestalt therapy (Perls)
  - Rational emotive therapy (Ellis)
  - Client-centered counseling (Rogers)
- The challenge to scientific research
  - The primacy of case studies
  - The lack of standardized protocols
  - Disconnect from academic psychology
  - More "art" than "science"

Sychotherapy and emotional disorders

- Interpersonal psychotherapy (IPT): a somewhat more standardized and tested approach that has shown promise with depressive disorders
- Briefer forms of psychodynamic therapy have also been reported as effective with anxiety and depressive disorders
- Psychotherapy of any sort has often been shown to be as effective as anti-depressant medications, and perhaps with fewer relapses
- Mixed results with OCD
- The importance of distress as motivator

Sychotherapy and behavioral disorders

- Traditional psychotherapy generally viewed as less likely to be effective—absence of distress as motivation for treatment
- Motivational interviewing with substance use disorders
  - Typically very brief
  - Usually followed by some other form of treatment
- IPT with eating disorders has shown some promise

- Sychotherapy and cognitive disorders
  - Traditional psychotherapy generally viewed as largely ineffective with any psychotic disorder, except perhaps to increase medicationcompliance
  - Dissociative disorders appear to be one area where traditional therapies might be of real value, especially to recover repressed memories
  - But there is the power of suggestion in false memory syndrome and possibility that DID could be "iatrogenic"

- Sychotherapy and health-related disorders
  - Psychoanalysis was initially developed as a treatment for conversion disorder (which was relatively common in 19<sup>th</sup> century)
  - Minimal evidence of effectiveness in recent years
  - And motivation for psychological treatment often absent
  - But hypnotic interventions have shown some promise

#### Behavior therapy methods

- Focus on behavior, not underlying cause
- Hence, "diagnosis" unimportant
- Using the power of external circumstances to change behavior
  - Reversal designs
  - Extinction
  - Contingency management
  - Behavioral contracting
  - Modeling
  - Systematic desensitization
  - Aversive counter-conditioning
- Standardized step-by-step protocols

- Cognitive and cognitive-behavioral methods
  - Focus on both overt and covert behaviors
  - Cognitive approaches focus on specific cognitive processes (e.g., automatic thoughts, expectancies, attributions, irrational beliefs)
  - Cognitive techniques:
    - Journaling
    - Self-talk
    - Disputation
    - Cognitive restructuring
  - CBT combines both cognitive and behavioral techniques

- BT/CT/CBT and emotional disorders: stress-related disorders
  - Critical incident stress debriefing and PTSD
  - Flooding and habituation
  - Cognitive restructuring (e.g., changing how the trauma is perceived)
  - Eye-movement desensitization and reprocessing

- BT/CT/CBT and emotional disorders: fear, anxiety, and obsession
  - Exposure combined with relaxation therapy (breathing, meditation)
  - Systematic desensitization
  - Exposure and response prevention (ERP) and OCD
  - Many studies show benefits equal or superior to medication

- BT/CT/CBT and emotional disorders: depressive and bipolar disorders
  - Cognitive therapy (Beck) widely tested with depressive disorders
  - Behavioral techniques widely used—e.g., assertiveness training, behavioral activation, self-reinforcement, social skills training, stress management
  - Psychoeducation to achieve medication compliance in bipolar disorder

- BT/CT/CBT and substance use and addictive disorders
  - Contingency management
  - The concept of *controlled drinking* and the controversy: can alcoholics be taught to drink responsibly?
  - Relapse prevention
  - Community reinforcement
  - Social skills and stress management training
  - Aversive conditioning (also used with paraphilic disorders)

- BT/CT/CBT and other behavior disorders
  - Aversive conditioning and covert sensitization with paraphilic disorders
  - CBT with bulimia: food journals, selfreinforcement, cognitive restructuring, stress management
  - BT with anorexia: short-term success, but relapse common

- BT/CT/CBT and cognitive disorders
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  - Treating the behaviors, not the "illness"
  - Schizophrenia
    - "Token economies"
    - Social skills and cognitive training
  - Applied behavior analysis and autism spectrum disorder: becoming the treatment of choice
  - Parent training in behavior management and ADHD

#### BT/CT/CBT and health-related disorders

- CBT to promote coping skills in somatic symptom disorder and pain management
- Desensitization to combat illness anxiety
- Stress-management and behavioral medicine for a variety of health problems
- Behavioral techniques with sexual dysfunctions—very effective, so why so much "medicalization"?
- Behavioral treatment of enuresis

The concept of "evidence-based practice"

- Choosing treatment methods based on one's theoretical orientation
- Relying on case studies, "anecdotes"
- EBP means choosing treatment methods based on scientific evidence
- Some health insurers are starting to focus on outcomes research to decide which treatments to cover
- "Absence of proof is not proof of absence"
- And experience, dedication, empathy might still count for a lot