CHAPTER 13: Therapies

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Enduring Issues

Can people with psychological disorders change significantly, and can they change without intervention?

What are the challenges therapists face when treating people from cultures other than their own?

How do some treatments for psychotherapy underscore the highly complex relationship between mind and body?
Insight Therapies

LEARNING OBJECTIVE: Describe the common goal of all insight therapies. Compare and contrast psychoanalysis, client-centered therapy, and Gestalt therapy.

Psychoanalysis
- Designed by Freud to bring hidden feelings and motives to conscious awareness so that the person can deal with them more effectively
  - Free association
  - Transference
  - Insight

Client-Centered Therapy
- Calls for unconditional positive regard of the client by the therapist, with the goal of helping the client become fully functioning
  - Developed by Carl Rogers
  - Nondirective
  - Places the responsibility for change on the person with the problem
  - Therapist expresses unconditional positive regard as a crucial first step toward clients’ self-acceptance

Gestalt Therapy
- Emphasizes the wholeness of a personality and attempts to reawaken people to their emotions and sensations in the present
  - Outgrowth of the work of Frederick (Fritz) Perls
  - Empty-chair technique

Recent Developments
- Short-term psychodynamic therapy
  - Increasingly popular among both clients and mental health professionals
  - Usually means meeting once a week for a fixed period
  - Course of treatment is usually limited
Recent Developments

Perhaps the most dramatic and controversial change in insight therapies is virtual therapy.

Behavior Therapies

Therapies Based on Classical Conditioning

Systematic desensitization:
Gradually associates a new response (relaxation) with stimuli that have been causing fear and anxiety.
- Hierarchy of fears
- Extinction
- Flooding

Aversive conditioning:
Aims at eliminating undesirable behavior patterns by associating them with pain and discomfort.

Therapies Based on Operant Conditioning

• A person learns to behave a certain way because that behavior is reinforced
  - Behavior contracting
  - Token economy

Therapies Based on Modeling

• Modeling:
  Learning a behavior by watching someone else perform it
  - Can be used to treat problem behaviors, as part of job training programs
Cognitive Therapies

LEARNING OBJECTIVE: Describe the common beliefs that underlie all cognitive therapies.

- If people can change their distorted ideas about themselves and the world, they can also change their problem behaviors and make their lives more enjoyable.

Stress-Inoculation Therapy

- Trains clients to cope with stressful situations by learning a more useful pattern of self-talk
- Turns the client’s thought patterns into a kind of vaccine against stress-induced anxiety

Rational-Emotive Therapy (RET)

- Clients’ psychological distress is caused by irrational and self-defeating beliefs.
- The therapist’s job is to challenge such dysfunctional beliefs.

Beck’s Cognitive Therapy

- Depends on identifying and changing inappropriately negative and self-critical patterns of thought
- Similar to but less challenging/confrontational than RET; examines the client’s dysfunctional thoughts in a supportive and objectively scientific manner

Group Therapies
Group Therapies
LEARNING OBJECTIVE: Describe the potential advantages of group therapy compared to individual therapy.

- **Group therapy**: A type of psychotherapy in which clients meet regularly to interact and help one another achieve insight into their feelings and behavior.

Family Therapy
LEARNING OBJECTIVE: Compare and contrast family therapy, couple therapy, and self-help groups.

- Sees the family as at least partly responsible for the individual’s problems
- Seeks to change all family members’ behaviors to the benefit of the family unit as well as the troubled individual

Couple Therapy
LEARNING OBJECTIVE: Compare and contrast family therapy, couple therapy, and self-help groups.

- Intended to help troubled partners improve their problems of communication and interaction
  - Empathy training
  - Behavioral techniques

Self-Help Groups

- More informal, low-cost form of group therapy where people who share a common problem gather and provide mutual support
- Can be effective, according to research

Applying Psychology

**How to Find Help**

- College and university counseling services
- Mental health programs within communities
- Resources listed in your textbook (p. 438)

Effectiveness of Psychotherapy
Effectiveness of Psychotherapy

- Roughly twice as many people (two-thirds) improve with formal therapy than with no treatment at all.
- Psychotherapy works best for relatively mild psychological problems.
- It seems to provide the greatest benefits to people who really want to change.

The vast majority of respondents reported significant overall improvement after therapy.

1. There was no difference in the overall improvement score among people who had received therapy alone and those who had combined psychotherapy with medication.
2. No differences were found between the various forms of psychotherapy.
3. No differences in effectiveness were indicated between psychologists, psychiatrists, and social workers, although marriage counselors were seen as less effective.
4. People who received long-term therapy reported more improvement than those who received short-term therapy.

Duration of Therapy and Improvement

One of the most dramatic results of the Consumer Reports (1995) study on the effectiveness of psychotherapy was the strong relationship between reported improvement and the duration of therapy.

Five Major Results of the Consumer Reports Study

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Which Type of Therapy is Best for Which Disorder?

- Most of the benefits of treatment seem to come from being in some kind of therapy, regardless of the particular type.
- Common features of different forms of psychotherapy:
  - Explanation of problems
  - Hope
  - Therapeutic alliance
Biological Treatments

LEARNING OBJECTIVE: Explain why some clients and therapists opt for biological treatment instead of psychotherapy.

- A group of approaches that are sometimes used to treat psychological disorders in addition to, or instead of, psychotherapy

Drug Therapies

LEARNING OBJECTIVE: Describe the major antipsychotic and antidepressant drugs including their significant side effects.

Antipsychotic Drugs

- Used to treat severe psychological disorders, particularly schizophrenia; reduce psychotic symptoms, such as hallucinations and delusions
- Example: Neuroleptics
- Serious potential side effect: Tardive dyskinesia

Drug Therapies

Antidepressant Drugs

- Combat depression and sometimes anxiety, panic, and obsessive compulsive disorders
- Examples:
  - Monoamine oxidase inhibitors (MAO inhibitors) and tricyclics
  - Selective serotonin reuptake inhibitors (SSRIs)

Drug Therapies

Lithium

- A naturally occurring salt
- Generally quite effective in treating bipolar disorder and in reducing the incidence of suicide in bipolar patients

Drug Therapies

Other Medications

- Psychostimulants: Heighten alertness and arousal
- Antianxiety medications: Reduce general tension and stress
- Sedatives: Treat agitation or induce sleep

Table 13.1 MAJOR TYPES OF PSYCHOACTIVE MEDICATIONS

<table>
<thead>
<tr>
<th>Therapeutic Use</th>
<th>Chemical Structure</th>
<th>Trade Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>Antipsychotics</td>
<td>Phenothiazines</td>
<td>Thorazine, Chlorpromazine, Perphenazine, Clozapine</td>
</tr>
<tr>
<td>Antidepressants</td>
<td>Tricyclics</td>
<td>Amitriptyline, Imipramine</td>
</tr>
<tr>
<td>Psychostimulants</td>
<td>Amphetamines</td>
<td>Adderall, Dexedrine</td>
</tr>
<tr>
<td>Antianxiety</td>
<td>Benzodiazepines</td>
<td>Valium, Xanax</td>
</tr>
<tr>
<td>Sedatives</td>
<td>Barbiturates</td>
<td>Seconal, Muriate</td>
</tr>
<tr>
<td>Antianxiety</td>
<td>Tricyclics</td>
<td>Tofranil, Serahal</td>
</tr>
</tbody>
</table>

*The chemical structures and especially the trade names listed in this table are representative examples, rather than an exhaustive list of the many kinds of medications available for the specific therapeutic uses.*

(Source: Krämer et al., 1994; adapted and updated).
Combining Drugs and Psychotherapy

“For some disorders a combination of drugs and psychotherapy works better than either approach used independently. This underscores the fact that the relationship between the mind and the body is highly complex.”

– Page 443 (Morris & Maisto)

Electroconvulsive Therapy (ECT)

- A mild electrical current is passed through the brain for a short period, often producing convulsions and temporary coma
  - Not known why ECT works, but it is effective
  - Side effects include brief confusion, disorientation, and memory impairment

Psychosurgery

- Brain surgery performed to change a person’s behavior and emotional state
  - Usually conducted only after all other treatment options have been exhausted
  - Can work well with one person and not work at all with another
  - Side effects can be severe and permanent

Major Perspectives on Therapy

Institutionalization and Its Alternatives

- For persons with severe mental illness, hospitalization has been the treatment of choice in the U.S. for the past 150 years.
- The development of effective drug therapies starting in the 1950s led to a number of changes in state hospitals:
  - Sedation rather than physical restraints
  - Deinstitutionalization
Deinstitutionalization

- In recent years, deinstitutionalization has created a number of serious challenges.
- Poorly funded community mental health centers and other support systems have proved inadequate.
- Many patients stop taking their medication, resulting in the return of psychotic symptoms and homelessness.

Alternative Forms of Treatment

- Kiesler (1982b): 9 out of the 10 studies found that the outcome was more positive for patients in alternative treatments than for the more expensive hospitalization.

Prevention

Primary Prevention
Techniques and programs to improve the social environment so that new cases of mental disorders do not develop

Secondary Prevention
Programs to identify groups that are at high risk for mental disorders and to detect maladaptive behavior in these groups and treat it promptly

Tertiary Prevention
Programs to help people adjust to community life after release from a mental hospital

Client Diversity and Treatment

Gender and Treatment

LEARNING OBJECTIVE: Explain how gender and cultural differences can affect the treatment of psychological problems and the training of therapists.

There are significant gender differences in the prevalence of many psychological disorders, in part because:
- Women have traditionally been more willing than men to admit that they have psychological problems and need help to solve them.
- Psychotherapy is more socially accepted for women than for men.

In most respects, the treatment given to women is the same as that given to men, a fact that has become somewhat controversial in recent years.
- Feminist therapists

Culture and Treatment

When psychotherapist and client come from different cultural backgrounds or belong to different racial or ethnic groups, misunderstandings can arise in therapy.

The best solution is to train therapists of many different backgrounds so that members of ethnic, cultural, and racial minorities can choose therapists of their own group if they wish to do so.
Lecture Activities

Reflective Listening
Let’s practice a little client-centered therapy. First, find a partner. Decide who will be the “therapist” and who will be the “client.”

For your role-play, the client is having trouble with his/her schoolwork and other related issues. He/she will briefly explain. The therapist should provide empathic reflection and unconditional positive regard as the client discusses the problem.

How might the elements of client-centered therapy be useful outside of a therapist’s office? In your relationships with friends? Loved ones? Employers or employees?

Acknowledgments