

Treatments for Psychological Disorders

Key Question: What is Therapy?



Core Concept: Therapy for psychological disorders takes a variety of forms, but all involve some relationship focused on improving a person's mental, behavioral, or social functioning

- ❖ General term for any treatment process
- ❖ In psychology and psychiatry, therapy refers to a variety of psychological and biomedical techniques aimed at dealing with mental disorders or coping with problems of living

Types of Mental Health Care Professionals

Counseling psychologist
Clinical psychologist
Psychiatrist
Psychoanalyst
Psychiatric nurse practitioner
Clinical social worker
Pastoral counselor

Therapy in Historical Context

Medieval Europe-mental disorder the work of devils and demons

Exorcism needed to “beat the devil” out

More recently-mentally ill placed in institutions called asylums

Modern Approaches to Therapy

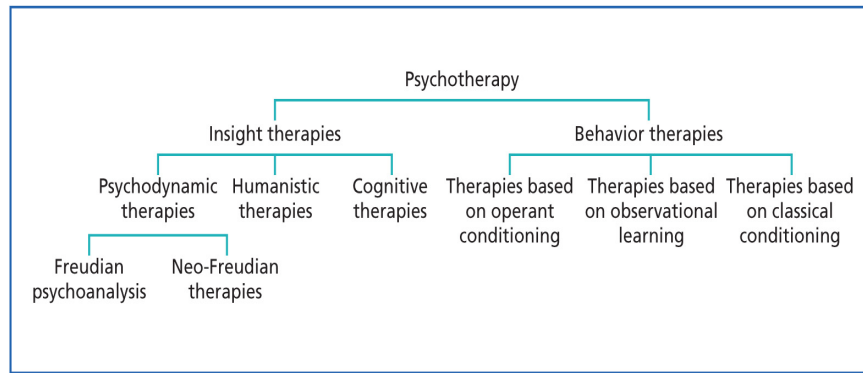
Modern approaches-abandoned demon model and abusive treatments

- ❖ Therapies based on psychological and biological theories of mind and behavior
 - Psychological therapies often called psychotherapy
 - Biological therapies focus on the underlying biology of the brain

Key Question: How Do Psychologists Treat Mental Disorders



Core Concept: Psychologists employ two main forms of treatment: the insight therapies and the behavioral therapies



Insight Therapies

Insight therapies –

- ❖ Psychotherapies in which the therapist helps patients/clients change people on the inside—changing the way they think and feel
- ❖ Aim at revealing and changing a patient’s disturbed mental processes through discussion and interpretation.

Freudian Psychoanalysis

- ❖ Insight therapies based on the assumption that psychological problems arise from tension created in the unconscious mind by forbidden impulses
- ❖ Major goal: To reveal and interpret the unconscious mind’s contents

Insight Therapies: Psychodynamic Therapies

Psychoanalysis –

- ❖ The form of psychodynamic therapy developed by Sigmund Freud
- ❖ Access to unconscious material through free association
- ❖ Help the patient understand the unconscious causes for symptoms
- ❖ Ego blocks unconscious problems from consciousness through defense mechanisms
- ❖ e.g., Transference; Repression
- ❖ *Analysis of transference –*
Analyzing and interpreting the patient’s relationship with the therapist, based on the assumption that this relationship mirrors unresolved conflicts in the patient’s past

Neo-Freudian psychodynamic therapies

- ❖ Therapies developed by psychodynamic theorists who embraced some of Freud’s ideas, but disagreed with others
 - Treat patients face-to-face
 - See patients once a week
 - Shift to conscious motivations

Insight Therapies: Humanistic therapies

Humanistic therapies –

- ❖ Based on the assumption that people have a tendency for positive growth and self actualization, which may be blocked by an unhealthy environment

Client-centered therapy –

- ❖ Emphasizes healthy psychological growth through self-actualization
 - Reflection of feeling – Paraphrasing client’s words to capture the emotional tone expressed

Insight Therapies: Cognitive therapies

Cognitive therapy –

- ❖ Emphasizes rational thinking as the key to treating mental disorder
- ❖ Helps patients confront the destructive thoughts

Insight Therapies: Group therapies

Group therapy –

- ❖ Psychotherapy with more than one client

Self-help support groups –

- ❖ Groups that provide social support and an opportunity for sharing ideas about dealing with common problems; typically organized/run by laypersons (not professional therapists)

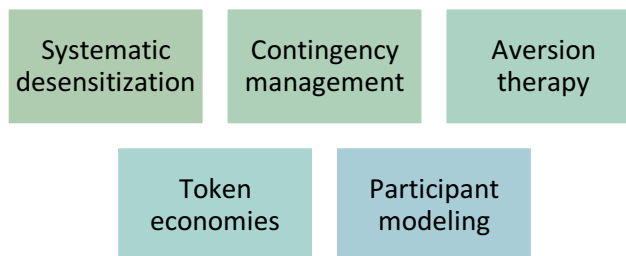
Couples and family counseling

- ❖ To learn about relationships
- ❖ Can be more effective than individual therapy with one individual at a time

Behavior Therapies

Behavior therapy –

Any form of psychotherapy based on the principles of behavioral learning, especially operant conditioning and classical conditioning



Classical Conditioning Therapies

Systematic desensitization –

- ❖ Technique in which anxiety is extinguished by exposing the patient to an anxiety-provoking stimulus

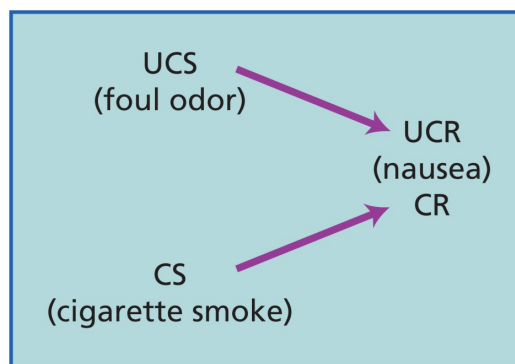
Exposure therapy –

- ❖ Desensitization therapy in which patient directly confronts the anxiety-provoking stimulus (as opposed to imagining it)

Classical Conditioning Therapies

Aversion therapy –

Involves presenting individuals with an attractive stimulus paired with unpleasant stimulation in order to condition a repulsive reaction



Operant Conditioning Therapies

Contingency management –

- ❖ Approach to changing behavior by altering the consequences of behaviors
- ❖ Effective in numerous settings
 - e.g., families, schools, work, prisons

Token economies –

- ❖ Applied to groups (e.g. classrooms, mental hospital wards)
- ❖ Involves distribution of “tokens” contingent on desired behaviors
- ❖ Tokens can later be exchanged for privileges, food, or other reinforcers

Participant Modeling: An Observational-Learning Therapy

Participant modeling –

- ❖ Therapist demonstrates and encourages a client to imitate a desired behavior
- ❖ Draws on concepts from both operant and classical conditioning

Cognitive-Behavioral Therapy: A Synthesis

Cognitive-behavioral therapy

- ❖ Combines cognitive emphasis on thoughts with behavioral strategies that alter reinforcement contingencies
- ❖ Assumes irrational self-statements cause maladaptive behavior
- ❖ Seeks to help the client develop a sense of self-efficacy

Evaluating the Psychological Therapies

Eysenck (1952) proposed that people with nonpsychotic problems recover just as well with or without therapy

Reviews of evidence since have shown:

- ❖ Eysenck overestimated the improvement rate in the group without therapy;
- ❖ That therapy is better than no therapy;
- ❖ It appears advantageous to match specific therapies with specific conditions.

Key Question: How is the Biomedical Approach Used to Treat Psychological Disorders?



Core Concept: Biomedical therapies seek to treat psychological disorders by changing the brain's chemistry with drugs, its circuitry with surgery, or its patterns of activity with pulses of electricity or powerful magnetic fields

Drug Therapy

Antipsychotic drugs

- ❖ E.g., chlorpromazine, haloperidol, and clozapine
- ❖ Usually affect dopamine pathways
- ❖ May have side effects
 - *Tardive dyskinesia* – Incurable disorder of motor control resulting from long-term use of antipsychotic drugs

Antidepressant Drugs

- ❖ Three major categories
 - Tricyclic compounds (Tofranil, Elavil)
 - SSRIs (Prozac)
 - Monoamine oxidase (MOA) inhibitors, and lithium carbonate (effective against bipolar disorder)

Mood Stabilizers

- ❖ Lithium, Depakote - effective for bipolar disorders

Antianxiety drugs

- ❖ Include barbiturates and benzodiazepines

- ❖ May include some antidepressant drugs which work on certain anxiety disorders
- ❖ Should not be used to relieve ordinary anxieties of everyday life
- ❖ Should not be taken for more than a few days at a time
- ❖ Should not be combined with alcohol

Stimulants (caffeine, nicotine, cocaine)

- ❖ Produces excitement or hyperactivity
- ❖ Suppresses activity level in persons with attention-deficit/hyperactivity disorder (ADHD)
- ❖ Controversy exists for use of these stimulants for children
 - Side effects
 - Growth slowed
 - Concern for ADHD overdiagnosis of ADHD

Psychosurgery

The general term for surgical intervention in the brain to treat psychological disorders

- ❖ The infamous prefrontal lobotomy is no longer performed
- ❖ Severing the corpus callosum, however, can reduce life-threatening seizures

Brain-Stimulation Therapies

Used to treat severe depression

- ❖ **Electroconvulsive therapy (ECT)**
 - Apply an electric current to temples briefly
 - Patient is put to “sleep”
 - Memory deficits
- ❖ **Transcranial magnetic stimulation (TMS)**
 - High powered magnetic stimulation to the brain
 - Also effective for bipolar disorder
- ❖ **Deep brain stimulation**
 - Surgical implants of a micro electrode directly in the brain
 - Still highly experimental

Hospitalization and the Alternatives

Therapeutic community

- ❖ Designed to bring meaning to patients’ lives
- ❖ Hospital setting to help patients cope with the world outside
- ❖ Higher costs

Deinstitutionalization

- ❖ Removing patients, whenever possible, from mental hospitals

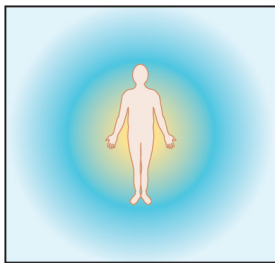
Community mental health movement

- ❖ Effort to deinstitutionalize mental patients and to provide therapy from outpatient clinics
Person understands that the ritual behavior is senseless but guilt mounts if not performed.

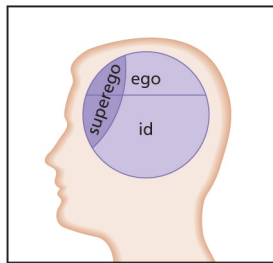
Key Question: How do the Psychological Therapies and Biomedical Therapies Compare?



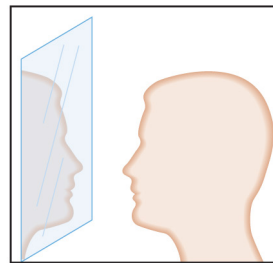
Core Concept: While a combination of psychological and medical therapies is better than either alone for treating some (but not all) mental disorders, most people who suffer from unspecified “problems in living” are best served by psychological treatment alone.



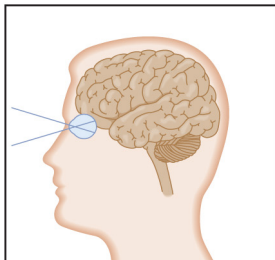
Behavior therapies
aim to change things *outside the individual*: rewards, punishments, and cues in the environment in order to change the person’s external behaviors.



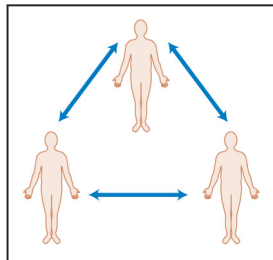
Psychodynamic therapies
aim to make changes *inside the person’s mind*, especially the unconscious.



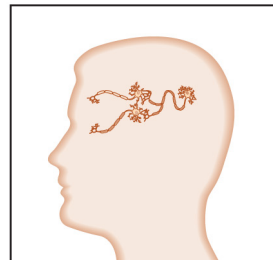
Humanistic therapies
aim to change the way people see *themselves*.



Cognitive therapies
aim to change the way people *think and perceive*.



Group therapies
aim to change the way people *interact*.



Biomedical therapies
aim to change the structure or function of the brain.