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INSIGHT-ORIENTED THERAPY: aims to remove distressing symptoms by leading person to understand the psychological causes of his/her symptoms through deeply felt personal insights
- Once someone truly understands the psychological causes of distressing symptoms, the symptoms themselves will diminish

Psychoanalysis: intensive form of therapy, originally based on Freud's theory of personality, based on the idea that psychological difficulties are caused by unconscious conflicts; not very common
Psychodynamic Theory: less intensive (and more common) form of psychoanalysis

	Psychoanalysis	Psychodynamic Theory
Intensity of Treatment	more intense: 4 times / wk for 4 yrs = 835 sessions	less intense: 1-2 times / wk = 12 sessions
Modified Goals	focus on past relationships	focus on current relationships

→ Review Freud's Psychoanalytic Theory <*id, superego, ego*>
- The id strives for immediate gratification of needs; the superego tries to impose its version of morality; the ego attempts to balance the demands of id, superego, and external reality

Only after true understanding (insight) is attained can people choose more adaptive, satisfying, and productive behaviors. Forces that remain unconscious shape behavior in undesirable ways.
- To Freud, psychoanalysis isn't a cure – it just transforms an individual's abject misery into ordinary unhappiness.

GOAL: bring unconscious impulses, conflicts into awareness; link person's current difficulties with past experiences and relationships; relationship with therapist can provide a corrective emotional experience that can lead to changes in symptoms, behavior, and personality

Techniques of Psychoanalysis and Psychodynamic Therapies → "talking cure"
Free association: the patient says whatever comes to mind, and the train of thought reveals the patient's issues and ways of dealing with them
Dream analysis: therapist examines the content of dreams to gain access to the unconscious
Interpretation: technique in which the therapist deciphers the patient's words and behaviors, assigning unconscious motivations to them
- Patients are made of their defense mechanisms – unconscious processes that prevent unacceptable thoughts or urges from reaching conscious awareness
- Freudian slips – unconscious thoughts or urges that slip out and have unconscious meanings

Resistance: patient is reluctant or refuses to cooperate with analyst or therapist; can range from unconscious forgetting to outright refusal to comply with a therapist's request; can occur as patient explores or remembers painful feelings or experiences
Transference: patients relate to their therapists as they did to some important person in their lives
- Therapist's acceptance of uncomfortable or shameful feelings helps patients accepts those feelings in order to choose whether to act on them
- Patient-therapist relationship can allow the therapist to provide the patient with a new, positive experience of relationships.

Psychoanalysis has become less popular, less common because it is expensive and time intensive, rarely paid for by health insurance, and studies generally have not found that psychoanalysis effectively treats various disorders.

Psychodynamic therapies are difficult to evaluate because:
1. There hasn't been much research on treatment, outcomes of therapies
2. Research on psychodynamic therapy has generally focused on case studies of single patients, which limits the reliability and generalizability of the finding

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3. A therapist's interpretations, which are a crucial component of the treatment, may or may not be correct and it is difficult to test the accuracy of a therapist's interpretations. Some research suggests that interpretations are not helpful to treatment.

Some studies have found that short-term psychodynamic therapy may be effective, but aren't superior to other short-term treatments.
Psychodynamic theory is most effective with patients who can articulate their feelings and want to understand their unconscious mental processes (and who have time, money for lengthy treatment)

HUMANISTIC THERAPY / CLIENT-CENTERED THERAPY: insight-oriented therapy that focuses on people's potential for growth and the importance of an empathetic therapist

- Developed by Carl Rogers
- "Patient" is called a "client"
- Distressing symptoms grow out of a blocked potential for personal growth. Therapy is designed to dismantle the block so that clients can reach their full potential
- Problems arise form a lack of a coherent, unified sense of self → **Incongruence** (a mismatch between a person's real self and his / her ideal self).
- By helping clients develop realistic "ideal selves" and then help them become more like their ideal selves, client-centered therapy reduces the incongruence, and the clients feel better.

Techniques of Client-Centered Therapy:
To be effective, the therapist must be warm, open, receptive, able to see the world as the client does
Empathy – shows client that they are understood
Unconditional Positive Regard – convey positive feelings for the client, regardless of the client's thoughts, feelings, or actions; therapist must demonstrate to the client that s/he is inherently worthy as a human being

Research results have not shown that client-centered therapy is better than other forms of therapy, but almost all forms of therapy incorporate Rogers's view that the therapists' warmth, empathy, and positive regard for the client are fundamental for a working relationship between client and therapist.

COGNITIVE-BEHAVIOR THERAPY: designed to help patients both to reduce problematic behaviors and irrational thoughts and to develop new, more adaptive behaviors and beliefs to replace the old, maladaptive ones

Behavior Therapy: focuses on changing observable, measurable behaviors

- Behavior therapy rests on well-researched principles of classical and operant conditioning
- Unlike insight-oriented therapies, behavior therapy focused solely on modifying problematic behaviors, not interested in discovering unconscious "root causes"
- Interest in the ABC's of Behavior [Antecedents (i.e.: stimuli that trigger problematic behavior); Behavior; Consequences (i.e.: what is reinforcing the behavior)]

Techniques based on Classical Conditioning:
Exposure: rests on principle of habituation; clients are asked to expose themselves to feared stimuli in a planned and gradual way (imaginal; in vivo; virtual reality)
Exposure with response prevention: planned, programmatic procedure that requires client to encounter anxiety-provoking object or situation, but has client abstain from making the usual madapative response

- Ex: OCD people purposely get hand dirty during therapy session, and then stop themselves from washing their hands immediately afterward
- Also used to treat people with bulimia

Stimulus control: controlling exposure to a stimulus that elicits a conditioned response, so as to decrease or increase the frequency of the response

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Systematic desensitization: teaches people to be relaxed in the presence of a feared object or situation
2 steps:
- **Progressive muscle relaxation**: person alternates tensing and relaxing muscles sequentially from one end of the body to the other, usually from feet to head
- Contact with the feared stimulus through a hierarchy of real / imagined activities

Techniques based on Operant Conditioning for **behavior modification**
Reinforcement and punishment: setting the proper r*esponse contingencies* – behaviors that will earn reinforcement – is crucial
Extinction – eliminating a behavior by not reinforcing it
Self-monitoring techniques: help client identify a problematic behavior as well as its antecedents and consequences, usually through a daily, written log
Token economies: use secondary reinforcers (ex: candy, TV) to bring about behavior modification

COGNITIVE THERAPY: focuses on the client's thoughts rather than his/her feelings or behaviors; helps clients think realistically and rationally in order to reinterpret events that otherwise lead to distressing thoughts, feelings, behaviors

Rational-emotive behavior therapy (REBT) – developed by Albert Ellis; emphasizes rational, logical thinking; assumes that distressing feelings or symptoms are caused by faulty or illogical thoughts
3 processes interfere with healthy functioning:
1. *Self-downing* – being critical of oneself for performing poorly or being rejected
2. *Hostility, rage* – being unkind to or critical of others for performing poorly
3. *Low frustration tolerance* – blaming everyone or everything for "poor, dislikable conditions"

REBT is oriented toward solving problems directly.

REBT Techniques
- Help client identify his/her irrational beliefs
- Argues with the client to help him / her confront the faulty cognitions that contribute to his / her distress
- Role-playing
- Work through a series of techniques with the client → ABCDEF

Activating Event → Beliefs → Consequences → Dispute → Effect → Further Action
- Helpful with anxiety, assertiveness, unrealistic expectations
- Not successful with psychotic disorders

Aaron Beck – persistent irrational thoughts arise from **cognitive distortions**: systematic biases in the way a person thinks about events and people, including oneself
- Cognitive distortions, automatic negative thoughts are learned / maintained through reinforcement
- Encourages clients to view beliefs as hypotheses to be tested, perform "experiments' to discover whether their beliefs are accurate

5 common cognitive distortions:
1. **Dichotomous thinking** (aka black-and-white thinking) – allow for nothing in between the extremes; you are either perfect or you are a piece of garbage
2. **Mental filter** – magnifying the engative aspects of something while filtering out the positive
3. **Mind reading** – thinking you know exactly what other people are thinking, particularly as it relates to you
4. **Catastrophic exaggeration** – thinking that you worst nightmare will come true and that it will be intolerable
5. **Control beliefs** – believing that either you are helpless and totally subject to forces beyond your control, or that you must tightly control your life for feart hat, fi you don't you will never be able to regain control

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Beck's Cognitive Therapy Techniques

Cognitive restructuring: the process of helping clients view their situation in a new light, which then allows them to shift their thinking away from the focus on automatic, distorted, negative thoughts to more realistic ones

- Clients make use of a daily record of dysfunctional thoughts – (1) identify the situation in which the automatic negative thoughts occurred, (2) rate their emotional state, (3) write down the automatic thoughts and the cognitive distortions involved, (4) develop rational responses to those thoughts, (5) rate their emotional state again (should improve)

To bring about cognitive restructuring, a cognitive therapist does the following:

1. Teach the client how to use the daily record of dysfunctional thoughts
2. Help the client identify his/her automatic negative thoughts
3. Has the client examine and assess whether the automatic thoughts are accurate and whether the client's habitual ways of viewing him/herself and the world are on the mark
4. Helps the client search for alternative interpretations to refute those automatic thoughts

Psychoeducation: the process of educating clients about therapy and research findings pertaining to their disorders or problems

COGNITIVE-BEHAVIOR THERAPY: combination of cognitive and behavioral techniques within the same treatment

Cognitive techniques change thoughts, which then affect feelings and behaviors.

Behavioral techniques change behaviors, which, in turn, lead to new experiences, feelings, and ways of relating, which then change how people think about themselves and the world

Type of Techniques	Focus	Goal(s)	Specific Techniques
Behavioral	maladaptive behavior	change the behavior, its antecedents, or its consequences	relaxation, systematic desensitization, exposure (with or without response prevention), stimulus control, behavior modification
Cognitive	automatic thoughts; cognitive distortions; faulty beliefs, irrational thoughts	change dysfunctional, unrealistic thoughts and beliefts to more realistic ones; recognize the relationships among thoughts, feeligns, and behaviors	cognitive restructuring, Ellis' ABCDEF technique, psychoeducation, role playing

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BIOLOGICALLY BASED TREATMENTS

Psychopharmacology: use of medication to treat psychological disorders and problems

Schizophrenia and Other Psychotic Disorders

Antipsychotic medication (aka antipsychotics, neuroleptic medication): reduces psychotic symptoms (positive symptoms for schizophrenia – i.e.: hallucinations), but does not cure the disorder

- **First generation antipsychotics** (aka traditional antipsychotics) – first wave of medications developed to treat schizophrenia (ex: Thorazine, Haldol)
  - **Tardive dyskinesia**: caused by long-term use of antipsychotic meds; an irreversible movement disorder in which the person involuntarily smacks his/her lips, displays facial grimaces, and exhibits other symptoms
- **Second generation antipsychotics** (aka atypical antipsychotics): newer group of drugs that affect the neurotransmitter dopamine as well as other neurotransmitters
  - Ex: Risperdal → cuts down on the amount of free serotonin and dopamine available in the brain, which affects the ease with which signals cross synapses; reduces positive symptoms, allows psychotherapy to be more effective;
  - Side effects: hypergylcemia, diabetes

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Mood Disorders

Medications for Depression

Tricyclic antidepressants: for decades, this was the only effective antidepressant readily available; affect serotonin levels; may take weeks to work; side effects = constipation, dry mouth, blurred vision, low blood pressure (ex: Elavil)

Monoamine oxidase inhibitors: not widely prescribed because they require strict adherence to a diet without tyramine (in cheese, wine), can have potentially fatal changes in blood pressure; less effective with typical symptoms of depression, marked by increased appetite and increased need for sleep

Selective serotonin reuptake inhibitors: ex: Prozac, Zoloft, Paxil – fewer side effects, associated with decreased sexual interest; "Prozac poop-out" – after taking the drug for a while, people no longer attain the same benefit; cause increased risk of suicide in children

Serotonin / Norepinephrine Reuptake Inhibitors: ex: Serzone, Effexor, remeron

St. John's wort: extract from this flower effective as a short-term treatment to mild to moderately severe depression

Placebo effect??
75 – 80% of the beneficial effects of antidepressant medications can be achieved with a placebo.
Placebo effect is particularly strong for mild/moderate depression.
Most positive response arises from expectations that symptoms will get better
From fMRI, we see that people on the placebos have similar changes in brain functioning compared to those on actual medication.
The act of taking a (placebo) medication promotes biological changes that would not otherwise occur were the person not taking medication. Moreover, the actual medications do contribute to the overall benefit, just not as strongly as initially believed.

Medications for Bipolar Disorder
Mood stabilizers (ex: lithium, anticonvulsant medications) can prevent / minimize the recurrence of both manic and depressive phases.
Up to half of those with bipolar disorder are not helped substantially by lithium or cannot tolerate its side effects (gastrointestinal problems, increased thirst, trembling)
Some people with bipolar disorder may be prescribed antidepressants for as short a period as possible because antidepressants can sometimes induce a manic episode in people with bipolar disorder.
To counteract mania, antipsychotics or antianxiety medications can be prescribed.

Anxiety Disorders (ex: panic disorder, phobias, PTSD)

Benzodiazepines: reduce symptoms of panic from an hour up to 36 hrs (ex: Xanax, Valium); side effects: drowsiness, potentially lethal when taken with alcohol; tolerance, dependence, and withdrawal reactions can occur when taking benzodiazepines for months to years; only prescribed for short period of time

Antidepressants (ex: TCAs, SSRIs, SNRIs) prescribed as long-term treatment for anxiety disorders; need to be taken for several weeks before symptoms are noticeably reduced

Electroconvulsive therapy: use of an electric current to induce a controlled brain seizure in people with disabling psychological disorders (ex: psychotic depression, manic episodes of bipolar disorder, schizophrenia) or for whom medication has not been effective or recommended

- Patient is given muscle relaxant, general anesthesia → requires hospital stay
- Can cause temporary memory loss
- Usage has increased over the years
- It's not really known why ECT is so effective in some people!

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Transcranial Magnetic Stimulation – an electromagnetic coil on the scalp transmits pulses of high-intensity magnetism to the brain in short bursts lasting 100-200 ms; given to people who have not improved with medication
Has varying effects, depending on the exact location of the coil on the head and the frequency of the pulses
Advantages: easy to administer (no anesthesia, hospitalization); minimal side effects (slight headache)

OTHER FORMS OF TREATMENT

Modalities:
Individual therapy: individual client treated by a single therapist
Group therapy: a number of clients with compatible needs or goals meet together with a therapist; offer emotional support, psychoeducation, concrete strategies for managing the problem / disorder; provide members with an opportunity to learn about themselves, change their undesired patterns of behavior; interaction with other people who are experiencing similar difficulties decreases the sense of isolation and shame that clients sometimes feel
Family therapy: a family (or certain members of the family) is treated
Systems therapy: views a client's symptoms as occurring in a larger context or system (the family / subculture) and a change in one part of the system affects the rest of the system; focuses on family structure, who in the family has power and how it is used, ways that family members communicate with each other
Self-help groups (aka support groups)**:** members focus on a specific problem or disorder, don't usually have a clinically trained leader
- AA – 1st self-help program, 12 steps to recovery
- Smart Recovery; Depressive and Bipolar Support Alliance – other self-help programs, not based on 12 steps

Bibliotherapy: use of self-help books and audio and video information for therapeutic purposes
Some internet-based self-help programs can be as effective as face-to-face therapy.

Innovations in Psychotherapy
Ecletic therapists: employ a variety of theoretical approaches and types of techniques
- Ex: combining ideas from psychodynamic theory, systems, therapy, and CBT

Therapy protocols: detailed session-by-session manuals that provide specific procedures and techniques to treat a particular disorder from a certain theoretical orientation
- Ex: using behavior therapy for panic disorder, cognitive therapy for depression
- Provide more confidence that clients receive the right type of treatment
- **Interpersonal therapy:** helps clients to understand how aspects of current relationships can affect their mood and behavior, explore consequences of client actions in their relationships, facilitate better personal communication
    - Ex: for bulimia
- Provide brief therapy (12-20 sessions)

Therapists are increasingly using technology in treatment (ex: virtual reality, communicating with therapist via e-mail, videoconference)
1. Self-monitoring: PDAs, smartphones set alarm signaling client to assess mood, anxiety, etc.
2. Reminding: PDAs, smartphones signal client to employ previously learned technique
3. Delivering therapy: some treatment programs are entirely electronic!
    a. Internet-based CBT programs can decrease symptoms, but face-to-face treatment can help clients better understand the information, tasks

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Issues in Psychotherapy Research

Outcome Research: addresses whether, after psychotherapy, clients feel better, function better, live more independently, or experience fewer symptoms

Issues to consider when designing / conducting studies that evaluate the success of a therapy:
1. *What to measure*
2. *When to assess* – immediately afterward? Month later? Year later?
3. *Appropriate control group* – people who received treatment vs. people who did not
    a. *Wait-list control group* – control group made up of people who were on the waiting list for treatment

Questions to keep in mind:
1. Are the participants randomly assigned to experimental and control groups?
2. Are the members of the experimental and control groups comparable on relevant dimensions?
3. Is a specific disorder being treated?
4. Is the treatment based on a manual? If not, how can researchers ensure that therapists are providing the type of therapy being investigated?
5. What types of outcome measures are selected, who is assessing the outcome, how is success defined?
6. Is a follow-up assessment planned, and if so, at what interval of time after the end of treatment?

Therapy, Medication, or Both?
Different treatments and techniques are most effective for different disorders.

Depression
CBT, IPT effectively reduce depression symptoms, no side effects of drugs, skills and tools are learned, less risk of relapse.
Drawbacks of medication: (1) if, after taking medication, a person's depression lifts, s/he may stop taking the medication → relapse! (2) side effects can lead to discontinued use of medication

Anxiety Disorders
Exposure (with response prevention) especially helpful for treating most anxiety disorders that involve fear or avoidance of specific stimuli by reducing symptoms of panic and avoidance

Eating Disorders
Bulimia → CBT, IPT
Anorexic adolescents → family-based treatments

Schizophrenia, Bipolar Disorder
Medication is better than psychotherapy for reducing psychotic and manic symptoms, lowering risk of relapse. But, psychotherapy can: (1) help people accept need to take medication; (2) provide an opportunity to learn new relationship skills after the medication has helped them to be more stable; (3) help to identify triggers of the psychotic, manic, or depressive episodes, which in turn can help prevent relapses
CBT can also reduce positive symptoms of schizophrenia in people who are not helped by medication, decrease likelihood of relapse

CAVEAT: As with all research that examines groups of people, the research findings on outcomes of various types of treatments do not necessarily apply to a particular individual. Thus, for any particular person with a given disorder, one type of therapy may be more effective than another, which in turn may be more effective than medication (or vice versa)

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