



Psychiatry team 441



Psychological Treatment

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Objectives:

- ◀ Know the concept of psychological treatment and related terms.
- ◀ Understand different types and applied techniques of psychotherapy.
- ◀ Know indication of each technique.

Color index:

- ◆ Important
- ◆ Golden
- ◆ Textbook

- ◆ Old notes (439/438)
- ◆ New notes (441)
- ◆ Extra

Psychological Treatments

Definition

- A group of non-pharmacological psychotherapeutic techniques employed by a therapist to ameliorate (improve) distress, abnormal patterns of relations or symptoms (= Psychotherapy).
- **Psychotherapy** is sometimes used to mean all forms of psychological treatment (psychoanalytic type).
- **Counseling** is used to refer to a wide range of the psychological treatments ranging from the giving of advice, to structural ways of encouraging problems solving.

Types of Psychotherapy

According to the Concept	According to the Aim	According to the Participants
<ul style="list-style-type: none"> • Behavior therapy. • Cognitive therapy. • Cognitive-Behavior Therapy. • Dialectical behavior therapy [EXTRA] • Psycho-analytical/Psycho-dynamic therapy. • Others. 	<ul style="list-style-type: none"> • Maintenance of function e.g. supportive therapy (Helping Med students for example). • Readjustment to distress, e.g. problem solving. • Restoration of function, e.g. cognitive-behavior therapy. • Reconstruction of personality, e.g. Psycho-analytic therapy. 	<ul style="list-style-type: none"> • Individual therapy. • Group therapy. • Marital therapy. • Family therapy.

Indication of Psychotherapy

- Depressive disorders (**mild-moderate but not severe MDE**).
- Generalized anxiety disorder.
- Panic disorder/Agoraphobia.
- Social anxiety disorder & Specific phobias.
- Acute/Post-traumatic stress disorders & Adjustment disorders.
- Personality disorders.
- OCD.
- Others.

Behavior therapy

Concept

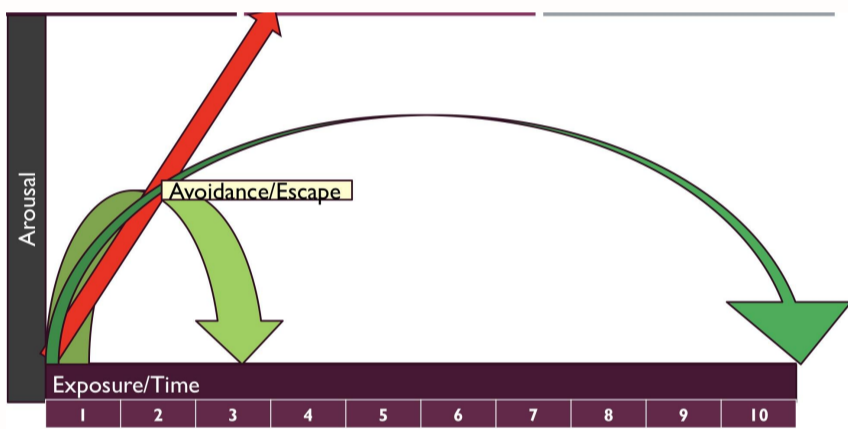
- Symptoms diminish through applying certain behavioral techniques.

Indications

- OCD
- Anxiety
- Phobic disorders
- bulimia & anorexia
- personality disorders.

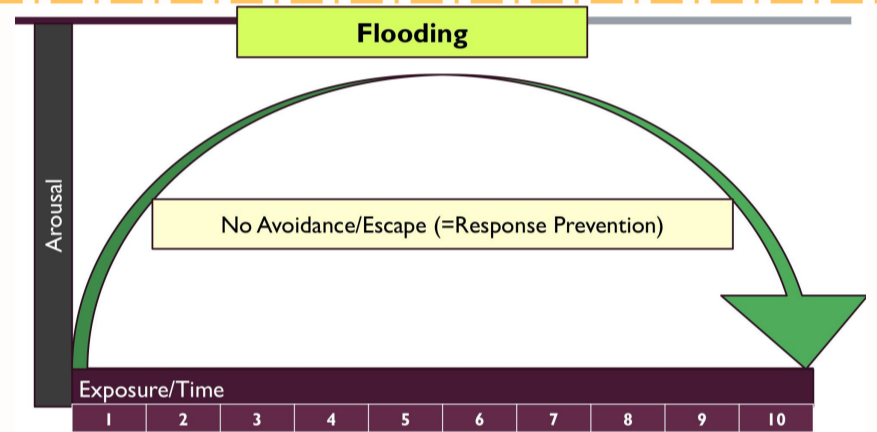
Techniques

- Relaxation Training
- Exposure and response prevention: Flooding vs Desensitization. Doctor Focused on this part



Red arrow [it only happens in the patient's head what actually happens is one of the green arrows]:

when you let a patient with phobia faces his fears the autonomic NS will fire and pt will get palpitations, sweating, etc... when will the NS stop firing? After 30 minutes it will start decreasing, so he will try to avoid the situation before 30 minutes.

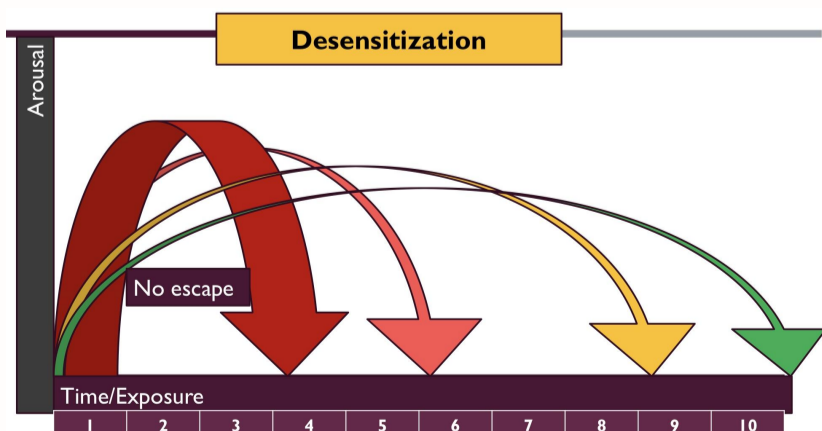


Flooding: is when you directly put the pt into his fears for more than 30 min.

What will happen to the patient when you make him avoid the fear?

He will develop cluster phobia.

مثال من الدكتور : حظيت وحده عندها فوبيا من الصراصير في المجلس و قفلت عليها الباب بتقعد تصايح و تصارخ و اذا فتحت الباب و خليتها تطلع قبل ٣٠ دقيقه تقريباً بيجي عندها كلستر فوبيا بمعنى ان عندها فوبيا من الصراصير و المجلس بعد الحين



Here we let the patient face his fears step by step for a longer period compared to flooding **[GRADUAL EXPOSURE]**

مثال من الدكتور: تخيل ان الفوبيا من المصعد، نخليه يواجه الخوف شوي شوي، زي مثلاً المره الاولى بس يشوف المصعد ٥ دقائق المره الجايه نخليه يشوفه اكثر من ٥ دقائق الخ...

Cognitive therapy

Concept

- Correcting maladaptive thinking processes reduces patient's problems.
- Maladaptive cognitive processes are associated with behavioral and emotional problems.

Based on the cognitive theory of depression

- According to this theory, depression results from core **cognitive dysfunctions that relate to the person's view of self, the world and the future (cognitive triad)**
- Apathy and low energy for instance results from inherent expectations of failure in everything
- Avolition stems from hopelessness
- Each individual has a set of **cognitive structures (schemas)** that shape their reactions to the situations they encounter in life
- In depression, those cognitive structures are negative (negative view of self, the world, and the future)(e.g., I am inherently unlovable I might as well resort to solitude for the rest of my life)
- The psychiatrist and patient work together to test those assumptions, the goal is to provide an evidence of the implausibility of these negative assumptions (it goes against the biological need for adaptation to ensure survival)
- Almost always accompanied by behavioral techniques (behavioral therapy, hence CBT)

Indication

- **Depressive disorders (mild – moderate)(can be used as monotherapy for mild)**
- Anxiety.
- Phobic disorders.
- Severe depression has major defect so medication is needed.
- Personality disorders
- Somatoform disorders

Process

- Identification of faulty thinking processes through records of events > analysis > challenging > finding alternative more adaptive ways of thinking > testing the effect on emotion/behavior > encouraging positive thinking.

Common cognitive errors (faulty automatic thoughts)

Doctor Focused on this part

- **Magnification and minimization** of events out of proportion to their actual significance, e.g. depressed patient magnifies his faults and minimizes his achievements.
- **Overgeneralization**: Forming a general rule from few instances and applying this rule to all situations no matter how inappropriate.
- **Arbitrary (non-sense) reasoning**: Making an inference without backing it up with evidence, or alternatively ignoring conflicting evidences.
- **Selective abstraction**: Taking a fact out of context while ignoring other significant features and then proceeding to base entire experience on that isolated fact. **Similar to Arbitrary inferences.**
- **Dichotomous thinking**: Thinking about events or persons in terms of opposite extremes (**all or none**).
- **Personalization**: Relating events and incidents to self where such incidents have no personal bearing or significance.

Examples of cognitive therapy

Date	Event	Automatic Thoughts	Emotion	Behavior
2/8	Got grade D in a subject.	I'm a bad student	Sadness	Absence
8/8	My mother shouted at me.	She hates me	Anger	Disobedience
12/8	My father didn't allow me to go with my friends.	He always controls me	Hatred	Rebellion

Date	Event	Alternative Thoughts	Emotion	Behavior
2/8	Got grade D in a subject.	The exam was very hard	Neutral	Extra effort
8/8	My mother shouted at me.	She was sick	Sympathy	Overobedience
12/8	My father didn't allow me to go with my friends.	He wanted to protect me	Neutral	Cooperation



Table 28.7-3
Cognitive Errors Derived from Assumptions

EXTRA

Cognitive Error	Assumption	Intervention
Overgeneralizing	If it's true in one case, it applies to any case that is even slightly similar.	Exposure of faulty logic. Establish criteria of which cases are similar to what degree.
Selective abstraction	The only events that matter are failures, deprivation, etc. Should measure self by errors, weaknesses, etc.	Use log to identify successes patient forgot.
Excessive responsibility (assuming personal causality)	I am responsible for all bad things, failures, etc.	Disattribution technique.
Assuming temporal causality (predicting without sufficient evidence)	If it has been true in the past, it's always going to be true.	Expose faulty logic. Specify factors that could influence outcome other than past events.
Self-references	I am the center of everyone's attention—especially my bad performances. I am the cause of misfortunes.	Establish criteria to determine when patient is the focus of attention and also the probable facts that cause bad experiences.
Catastrophizing	Always think of the worst. It's almost likely to happen to you.	Calculate real probabilities. Focus on evidence that the worst did not happen.
Dichotomous thinking	Everything is either one extreme or another (black or white, good or bad).	Demonstrate that events may be evaluated on a continuum.

(From Beck AT, Rush AJ, Shaw BF, Emery G. *Cognitive Therapy of Depression*. New York: Guilford; 1979:48, with permission.)

EXTRA

AUTOMATIC THOUGHT RECORD

Directions: When you notice your mood getting worse, ask yourself, "What's going through my mind right now?" and as soon as possible jot down the thought or mental image in the Automatic Thoughts column.

DATE/TIME	SITUATION	AUTOMATIC THOUGHT(S)	EMOTION(S)	ALTERNATIVE RESPONSE	OUTCOME
Friday 7:30 PM	I called Sally to go out, as we talked about, as we got her answering machine. Felt a sinking sensation.	1) They have all gone out and forgotten about me, because I'm not important to them anymore. (90% believable) 2) I'm left out again. (90% believable) 3) I'm going to have to spend another Friday night alone. (100% believable) 4) I just don't fit in anywhere in this world. (70% believable)	1) Angry (60% intensity) 2) Lonely (95% intensity) 3) Depressed (95% intensity)	I'm engaging in arbitrary inference, overgeneralization, personalization, and catastrophization. 1) It could all be an innocent misunderstanding. (40% believable) 2) I have spent a lot of time with Sally and the others and I know they like me. (60% believable) 3) Being at home alone is not the end of the world. (50% believable)	1) 30% 2) 10% 3) 50% 4) 0% Angry (5%) Lonely (40%) Depressed (20%) Calm (70%) I will call back in an hour if I don't hear from Sally.

Questions to help compose an alternative response: (1) What is the evidence that the automatic thought is true? Not true? (2) Is there an alternative explanation? (3) What's the worst that could happen? Could I live through it? What's the best that could happen? What's the most realistic outcome? (4) What's the effect of my believing the automatic thought? What could be the effect of changing my thinking? (5) What should I do about it? (6) If _____ (friend's name) was in the situation and had this thought, what would I tell him/her?

Other psychological Tx

Cognitive Behavior Therapy

Concept

- Combination of **cognitive** and **behavioral** techniques.
- **Most common type of psychotherapy.**

Indication

- **depressive disorders (mild-moderate, but not severe).**
- Adjustment disorders.
- Anxiety disorders/phobic disorders, & Stress-related disorders.

Supportive Therapy

Concept

- **Careful listening to the patient's problems, facilitating emotional ventilation, sharing emotions with the patient, giving reasonable advice, and improving self-esteem.**

Indication

- Relieve distress during a short period of personal misfortune, a short episode of illness, or in the early stages of treatment before specific measures have had time to act.
- To sustain a patient who has stressful life problems that cannot be resolved completely or a medical disease that cannot be treated.

Counseling

Concept

- It helps persons to **solve stressful problems through decision making.**
- The counselor's role is not to provide solutions to the client's problems, instead he assists the client to choose a decision among alternative courses of actions.
- Pros and cons of each alternative are considered before selecting one.
- Counseling process requires empathy (understanding the client's feelings) and unconditional positive regard of the client.

Dialectical Behavioral Therapy (DBT) [EXTRA]

Concept

Goals: Enhance skills, improve motivation and emotional regulation

- Effectively reduces self-destructive behaviors and hospitalizations in patients with borderline personality disorder

Indication

- Self-injurious patients with parasuicidal behavior or **borderline personality disorder**

Psychodynamic/Insight-Oriented Psychotherapy

Concept

- Person's behavior is determined by unconscious process.
- Current problems arise from unresolved unconscious conflicts originating in early childhood.
- Problems will be reduced or resolved through the client obtaining insight (greater understanding of aspects of the disorder) as a mean to gaining more control over abnormal behavior.
- Similar to psychoanalysis (next page), but it's face-to-face, and does not involve the usage of a couch and is conducted over a shorter period

Indication

- The main indication is **personality problems (dependent personality disorder)**. However, it might help in many other conditions.

Combined Psychotherapy and Pharmacotherapy (Pharmacotherapy-Oriented Psychotherapy)

Concept

- Both therapies are synergistic and integrated
- **One-person therapy:** The psychiatrist performs both treatments
- **Multiperson or split-therapy:** The psychiatrist performs pharmacotherapy and someone else performs psychotherapy
- Clinician and therapist must communicate in split therapy
- Used in schizophrenia, bipolar, depression and anxiety disorders among others

Psychoanalysis

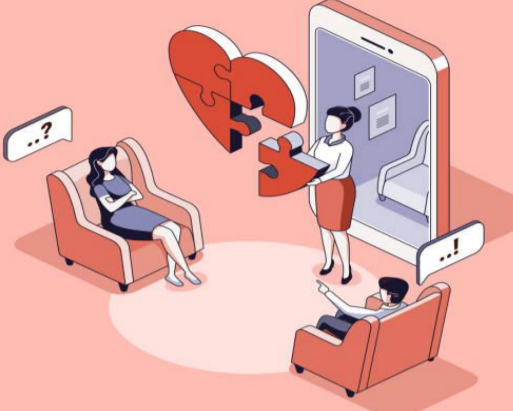


Concept

- Relies on the concept of **transference neurosis** (the patient transfers their thoughts and feelings to the therapist)
- **Free association:** Patient says whatever comes to their mind during the session to make the subconscious conscious
- The goal is to make conscious the conflicting unconscious issues in order for the therapist to analyze and consequently modify them with the patient
- The analyst must sit behind the patient and not be seen for transference to occur
- The patient lies on a couch

Indication

- Patient must be insightful, with at least average intelligence and wishes to understand themselves
- Indicated for: **Cluster B and C personality disorders, anxiety disorders, sexual disorders, persistent depressive disorders and stressful lifestyles**
- Contraindicated for antisocial personality disorder (partially due to dishonesty), psychosis and nonmotivated patients

Other psychological Tx

	<h2>Marital Therapy</h2>
	<h2>Family Therapy</h2>
	<h2>Group Therapy</h2>

- Husband/Wife
- The therapist sees couples together (conjoint therapy) or separately (concurrent therapy). Or different therapist for each spouse (collaborative therapy), or two therapists may see the spouses together (four-way therapy).

For multiple family members

For patients with similar problems
For example: Social anxiety disorder

◀ Predictions for good outcomes

- Early intervention.
- Willingness and motivation.
- Reasonable intelligence.
- Capacity to verbalize feelings and tolerate frustration.
- Efficient and committed therapist.





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- Saleh Aloraini 

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Good luck!!



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