



# Psychological Treatments

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# introduction

- **What is Psychotherapy?**
- **Psychodynamic**
- **CBT**
- **Discussion**



# Treatments in Psychiatry

Psychopharmacology

Psychotherapy

ECT  
DBS  
rTMS  
VNS

Psychosurgery

# Psychotherapy



- **Psychotherapy** is defined as the establishment of a helping relationship between a patient and a trained professional who applies psychological principles to the treatment of emotional or behavioral problems.

# What is psychotherapy?

- Can be conducted with individual, couple, family or group of unrelated members who share common issues.
- Also known as talk therapy, counseling, psychosocial therapy or, simply, therapy.
- Can be combined with other types of treatment, such as medications.

# Psychotherapy

Psychodynamic

Humanistic

CBT

IPT

Supportive

Family  
&  
Couple

Freudian  
Ego  
Object-relations  
Self

Gestalt  
Client-centered

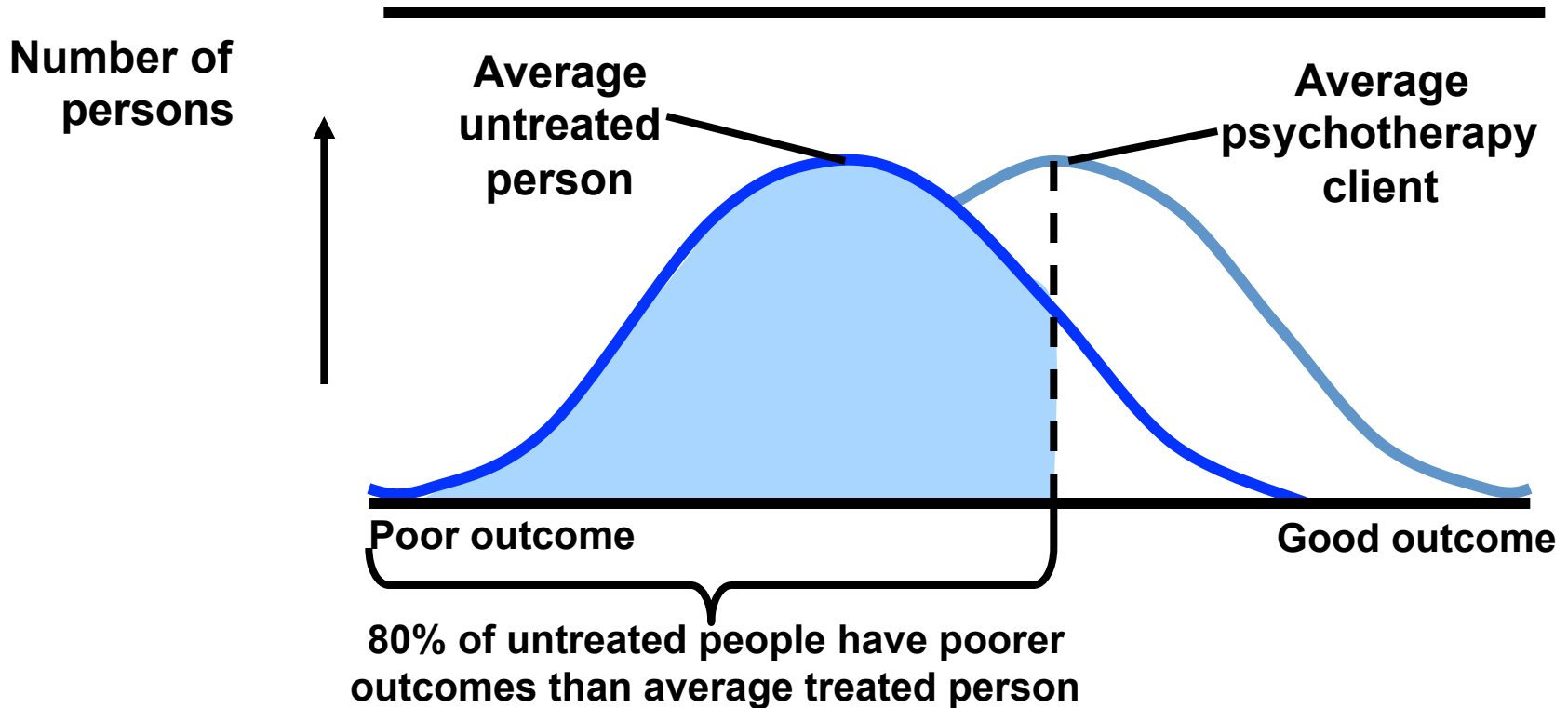
CBT  
MBCT  
DBT  
ACT

IPT  
ISRT

Counseling

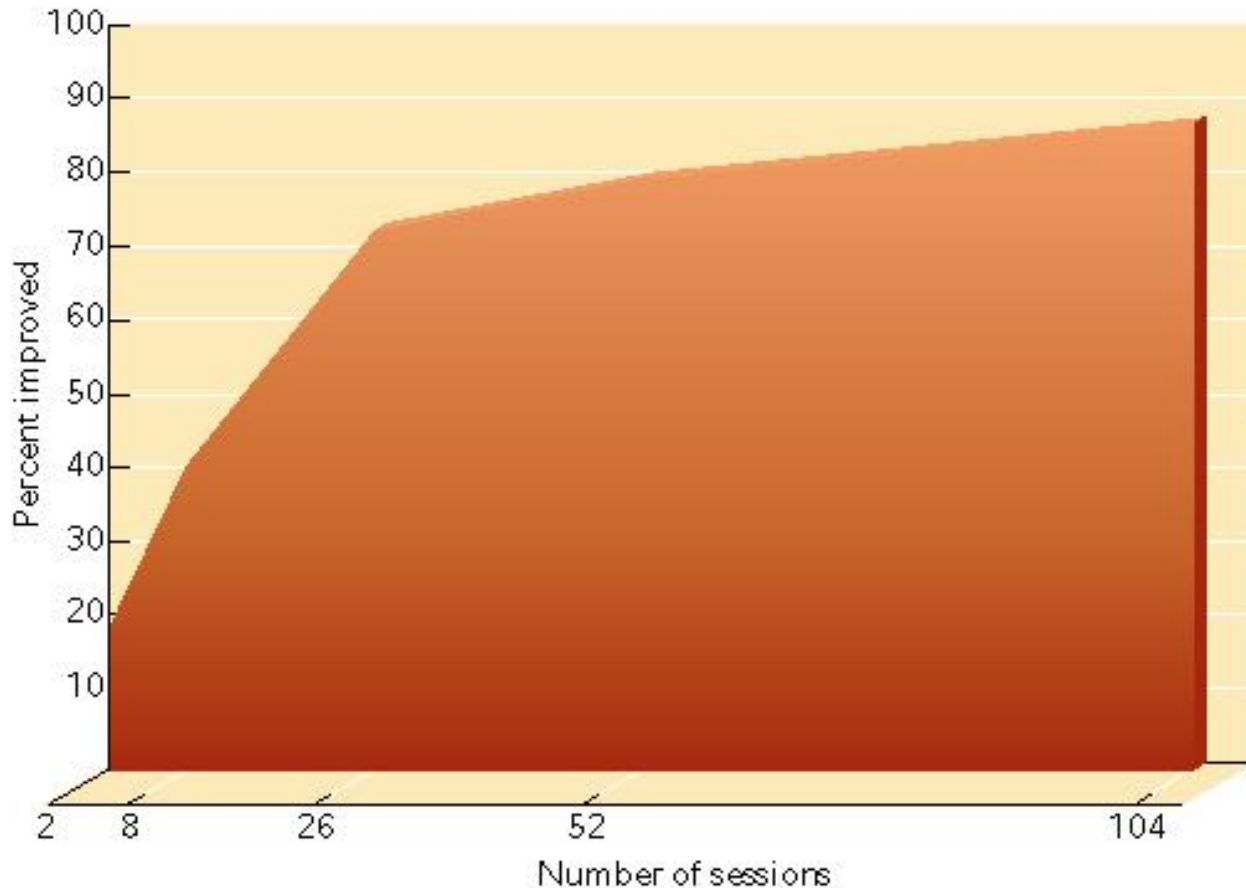
# Does Therapy Work?

- Meta-analysis





# For How Long?



The dose-improvement relationship in psychotherapy. This graph shows the percentage of patients who improved after varying numbers of therapy sessions. Notice that the most rapid improvement took place during the first 6 months of once-a-week sessions. (From Howard et al., 1986.)

# Therapeutic relationship

- No matter what therapeutic technique or model is used, it is not likely to be effective if there is not a strong client-therapist relationship.



# Myths of Psychotherapy

- There is one best therapy
- Therapy simply does not work
- Therapists can “read minds”
- People who go to therapists are crazy or just weak
- Only the rich can afford therapy



**Sigmund  
Freud**

# Psychoanalysis

## Freud's Topographical Model

- Conscious
- Preconscious
- Unconscious

## Freud's Structural Model

- Id
  - Ego
  - Superego
- 
- The interplay between these structures is referred to as “the psychodynamics of the personality”.

# Freud's Conception of the Human Psyche

(The Iceberg Metaphor)

**Conscious**

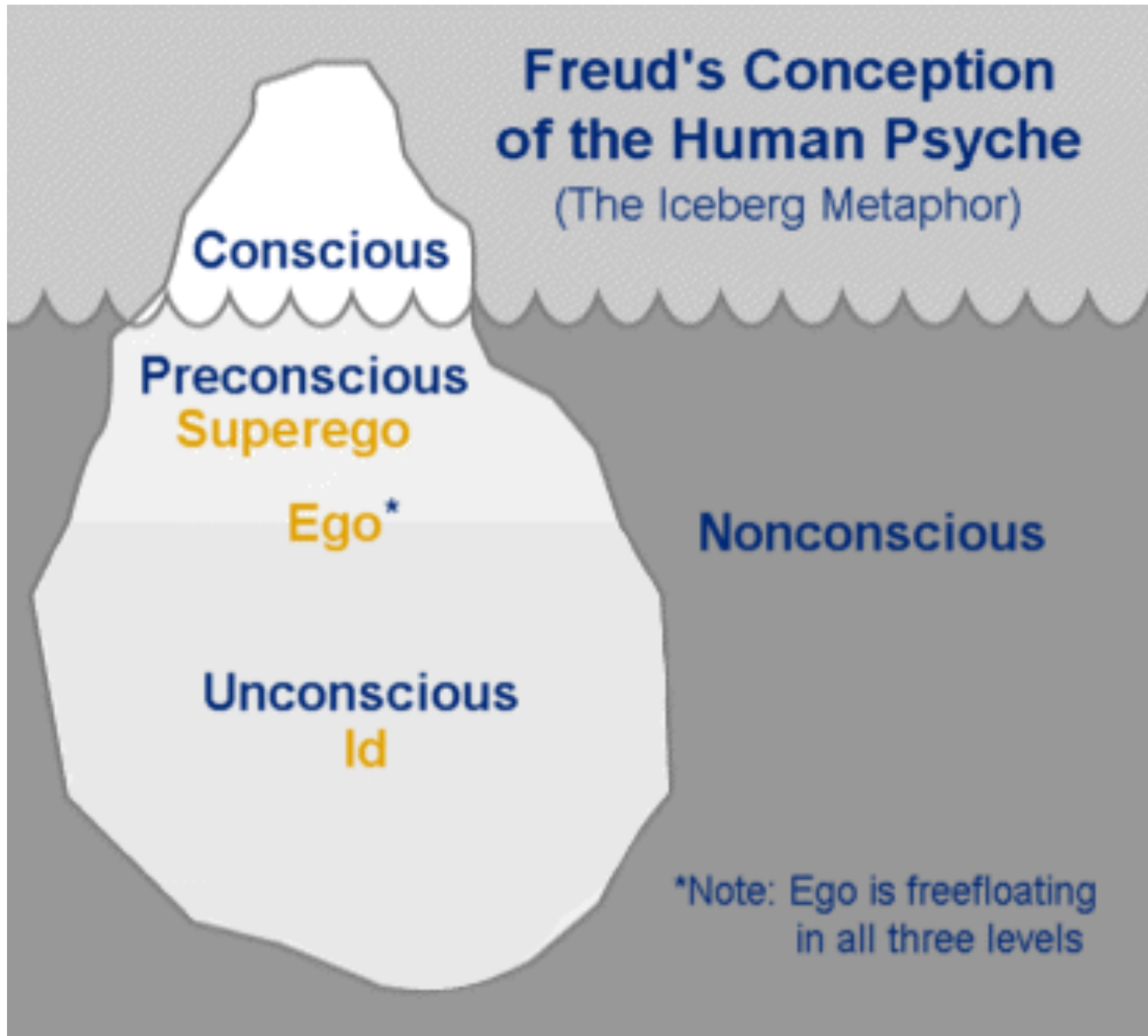
**Preconscious**  
**Superego**

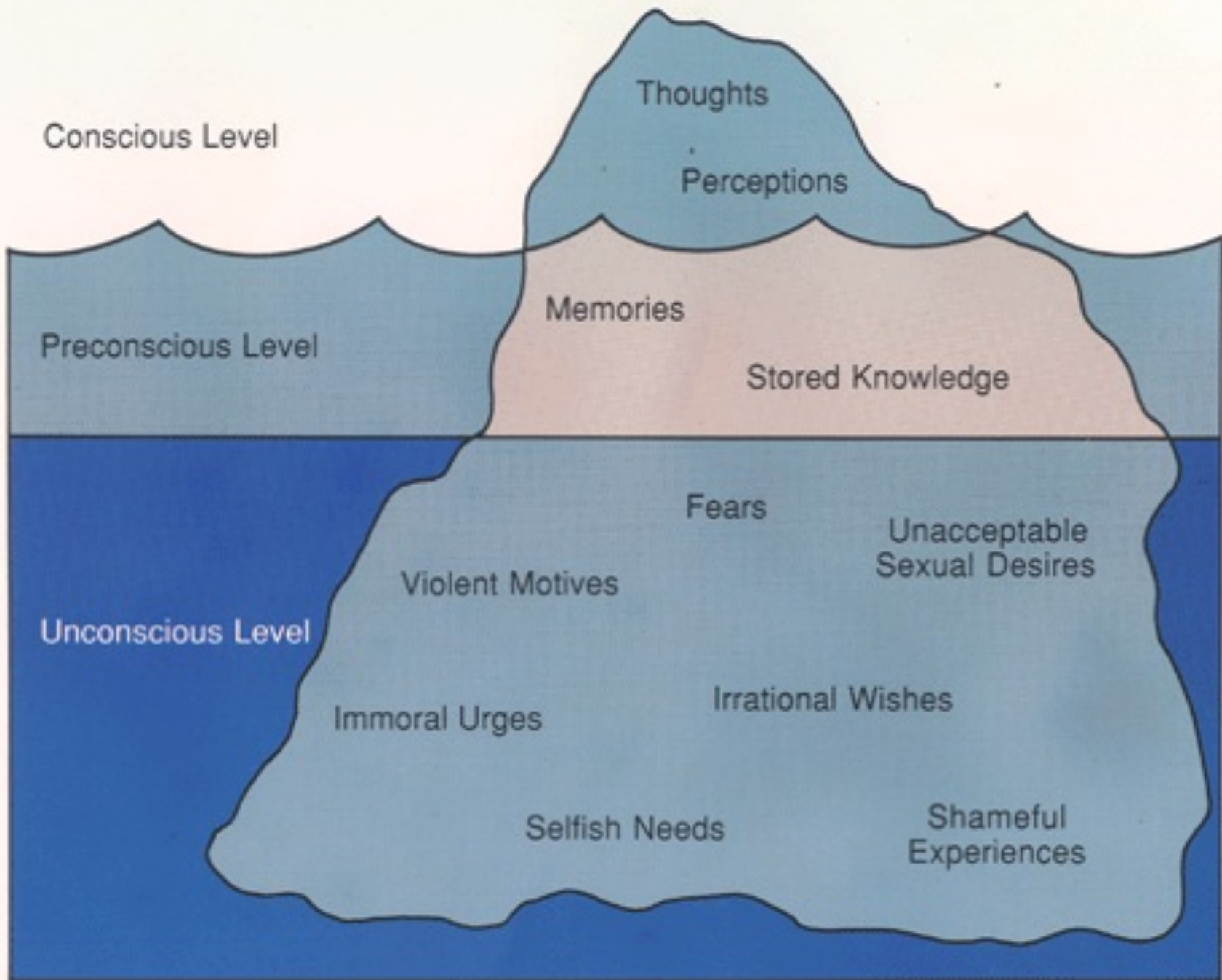
**Ego\***

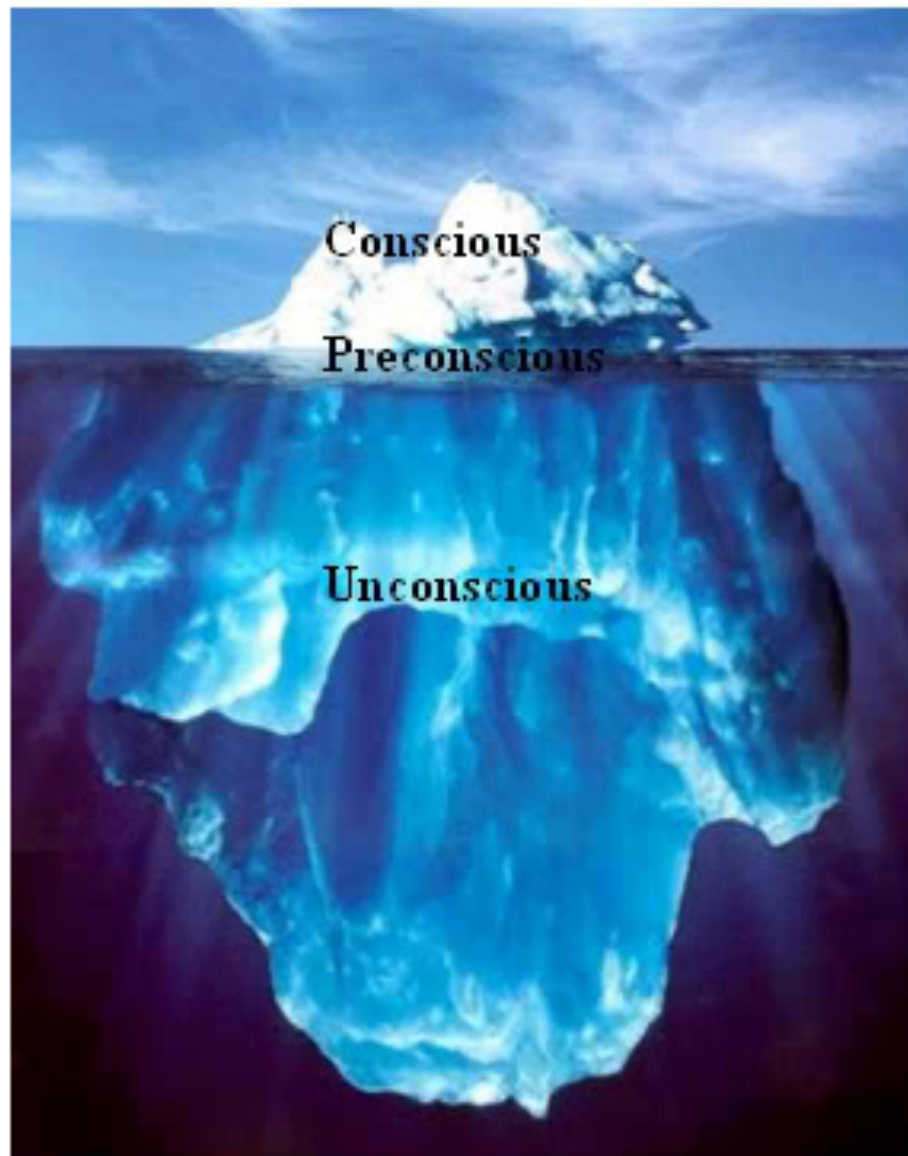
**Unconscious**  
**Id**

**Nonconscious**

\*Note: Ego is freefloating  
in all three levels







**Conscious**

**Preconscious**

**Unconscious**



# Defense mechanisms

(DSM-IVTR, 2000)

- Defense mechanisms (or coping styles) are automatic psychological processes that protect the individual against anxiety and from the awareness of internal or external dangers or stressors.
- Individuals are often unaware of these processes as they operate.
- Defense mechanisms mediate the individual's reaction to emotional conflicts and to internal and external stressors.

# DEFENSE MECHANISMS

- They are divided into:
  1. **Mature**: altruism, anticipation, asceticism, humor, sublimation, suppression.
  2. **Immature**: acting out, blocking, hypochondriasis, identification, introjection, passive-aggressive behavior, projection, regression, schizoid fantasy, somatization.

# DEFENSE MECHANISM

- **Neurotic**: controlling, displacement, dissociation, externalization, inhibition, intellectualization, isolation, rationalization, reaction formation, repression, sexualization.
- **Narcissistic**: denial, distortion, primitive idealization, projection, projective identification, splitting.

# Psychoanalysis

## Traditional

- 50 minute sessions
- 5 times per week
- Duration of several years



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*Couch of Sigmund Freud, Freudmuseum, London*

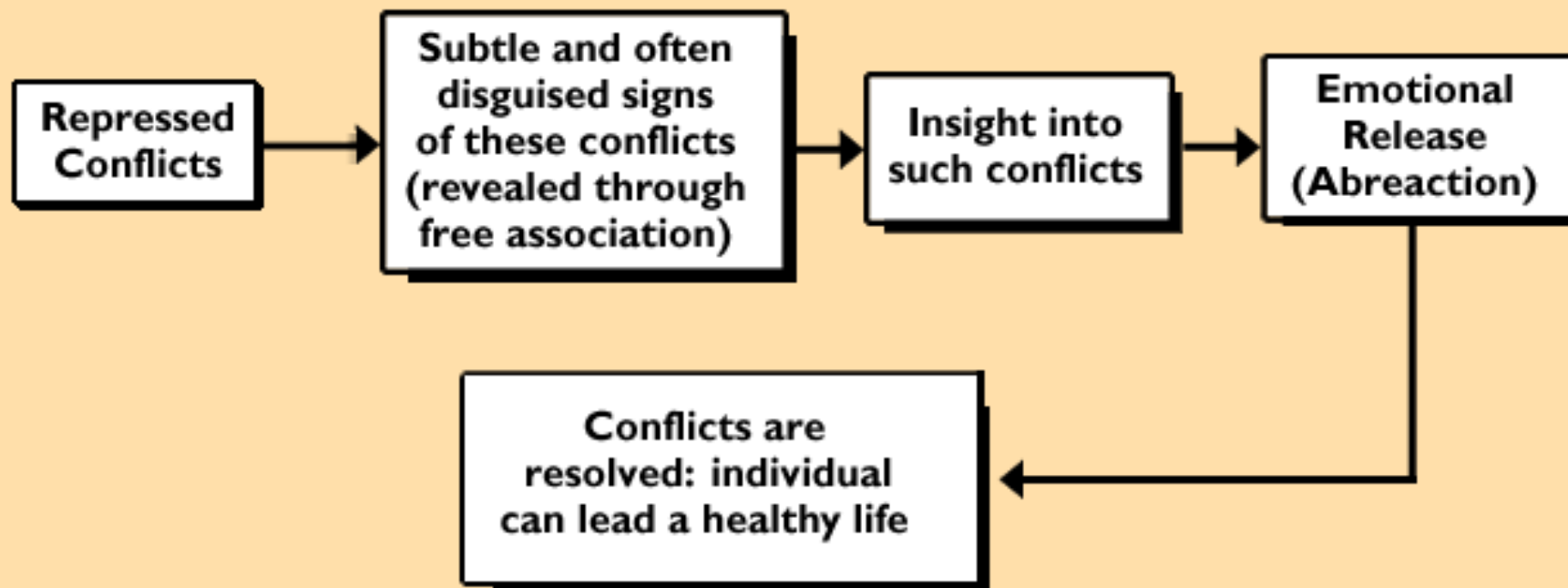
# Psychoanalytic Techniques

- Transference
- Identifying resistance
- Free association
- Dream interpretation
- Psychopathology of everyday life

# Psychoanalytic Therapy

- EX: young female client projects very negatively onto an older male therapist; does not trust or like therapist and is afraid of becoming attached to therapist.
- INTERPRETATION: young female has repressed negative events in childhood; father left at an early age, so female, while wanting acceptance and love from father, is also afraid of being hurt.

# The Goals of Psychoanalysis





# Psychoanalytic Therapy

## MODERN PSYCHOANALYTICALLY ORIENTED THERAPISTS

- No couch
- Fewer sessions
- More self-disclosure by therapist
- More work with 'real' issues than projected material and dreams



# Psychoanalysis: Post Freud

**Alfred Adler**

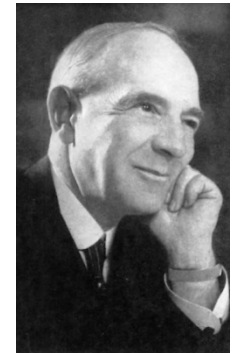
**Carl Jung**

**Karen Horney**

**Erik Erikson**

**Otto Rank**

**Ernest Jones**



# psychoanalytic theory

Freudian  
psychology

Ego  
Psychology

Object  
Relations

Self  
Psychology

Sigmund Freud

Hartmann,  
Loewenstein,  
and Kris.  
Later Leo Bellak

Melanie Klein,  
W.R.D.  
Fairbairn, D.W.  
Winnicott, and  
Harry Guntrip

Heinz Kohut

# Psychodynamic Therapies



# Illustration of self-reflection needed for psychoanalytic therapy

“Whenever two people meet, there are really six people present:

There is each man as he sees himself,  
each man as the other person sees him,  
and each man as he really is”.

William James

# Summary

- Psychotherapy
- Psychoanalysis/Psychodynamic

# Questions

**YOU ARE WHAT YOU THINK,  
KNOW CBT**

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**Department of Psychiatry**

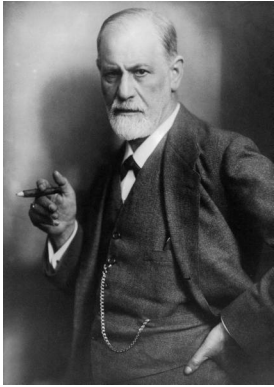


# Agenda

- Welcome & Mood Checking
- History of CBT
- Model of CBT
- Therapeutic Relationship
- Therapy Structure
- Who can benefit from CBT?
- Summary
- Feedback



# Psychotherapy



1900:  
Psychoanalysis  
Freud



1951:  
Client-Centered  
Therapy  
Carl Rogers

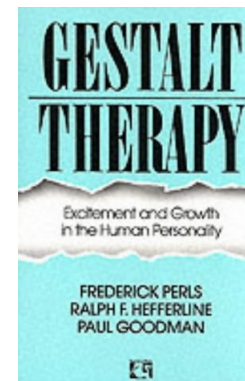
1953:  
behavioral  
therapy Skinner



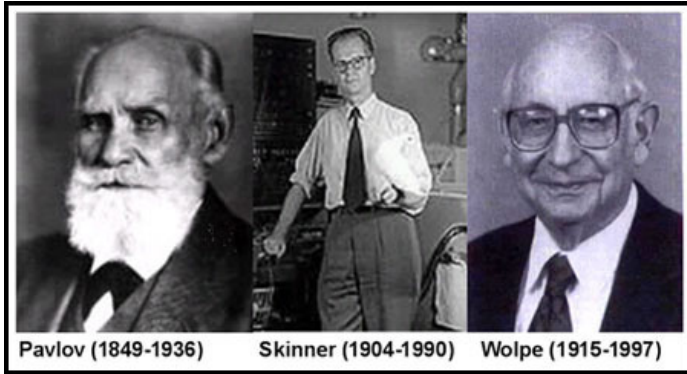
1921:  
Psychodrama  
by Moreno



1951:  
Gestalt Therapy  
by Perls,  
Goodman, and  
Hefferline



# CBT



1<sup>st</sup> wave:  
Behavioral

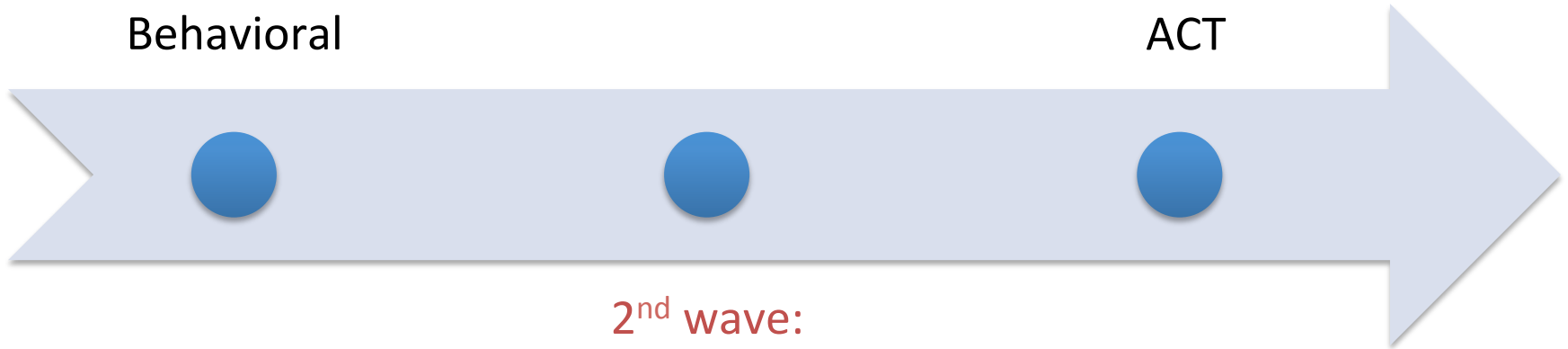


3<sup>rd</sup> wave:

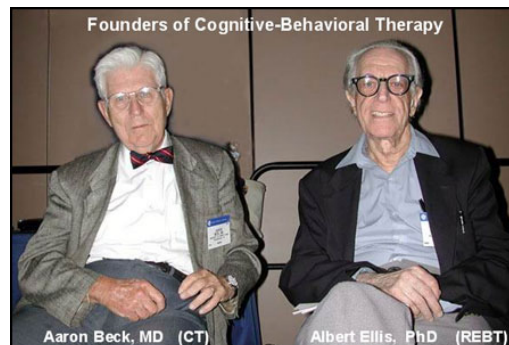
MBCT

DBT

ACT



2<sup>nd</sup> wave:  
Cognitive



# CBT types

- Behavioral Therapy
- Cognitive Therapy
- Cognitive Behavioral Therapy
- Rational Emotive Behavioral Therapy
- Metacognitive Therapy
- Cognitive Behavioral Analysis System of Psychotherapy (CBASP)
- Multimodal Cognitive Therapy
- Emotion Focused Cognitive Therapy
- Trauma Focused Cognitive Behavioral Therapy
- Acceptance and Commitment Therapy (ACT)
- Mindfulness Based Cognitive Therapy (MBCT)
- Dialectical Behavior Therapy (DBT)
- Behavioral Activation (BA)
- Functional Analytic Psychotherapy (FAP)
- Integrative Couple Therapy (ICT)

# What is CBT?

- Def
- How can I be a CBT therapist?



# **Basic Cognitive Model**

Exercise



Thought

Situation

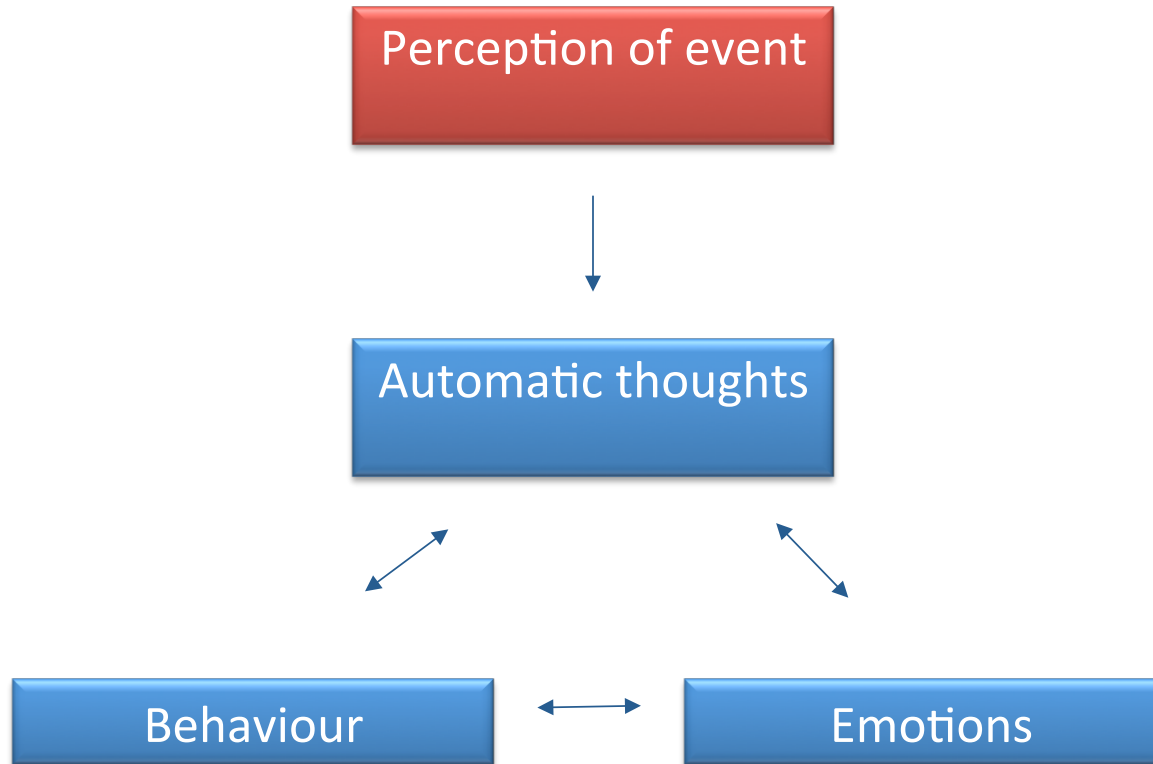


Behavior



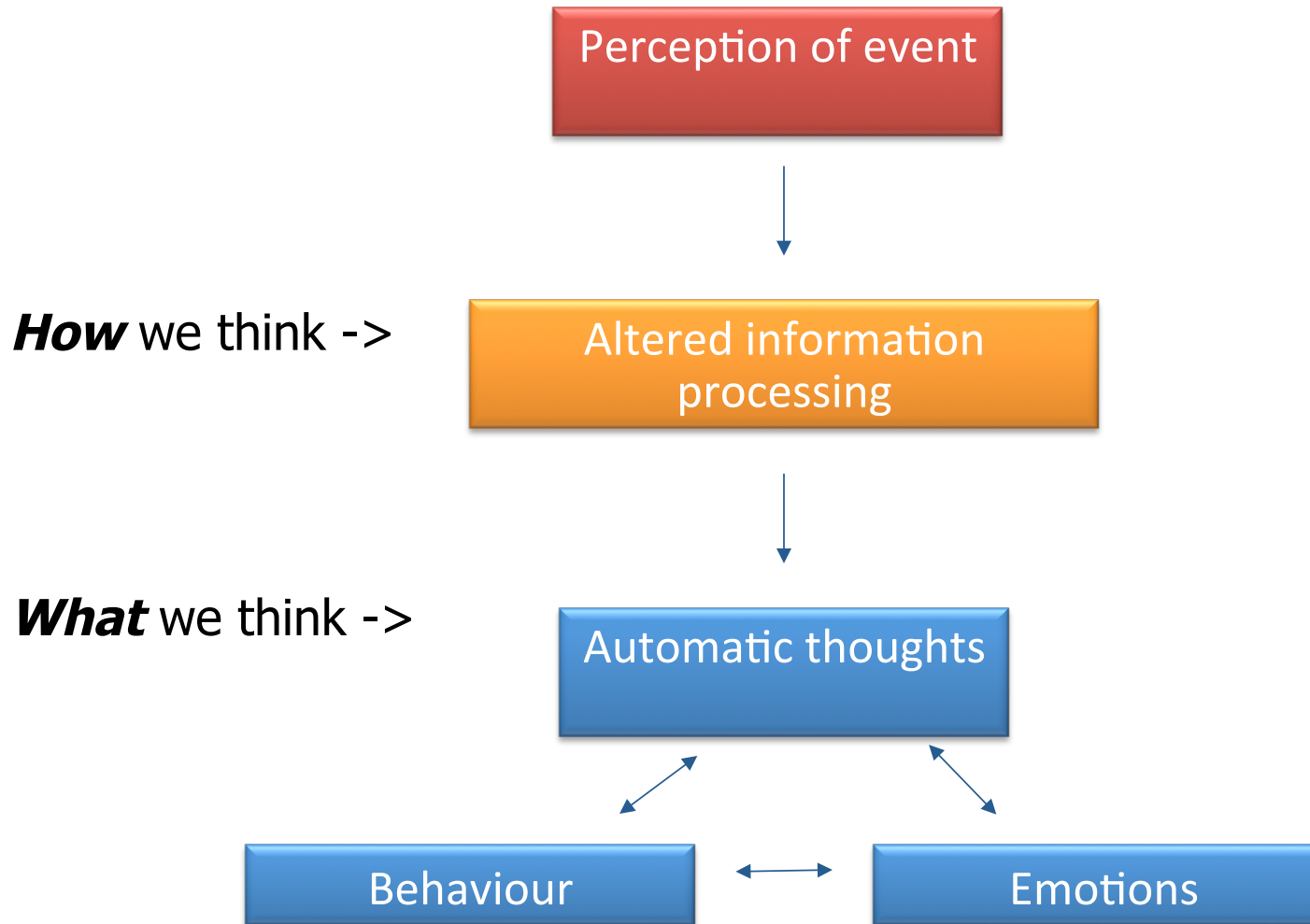
Emotion

# Cognitive Model





# Cognitive Model II



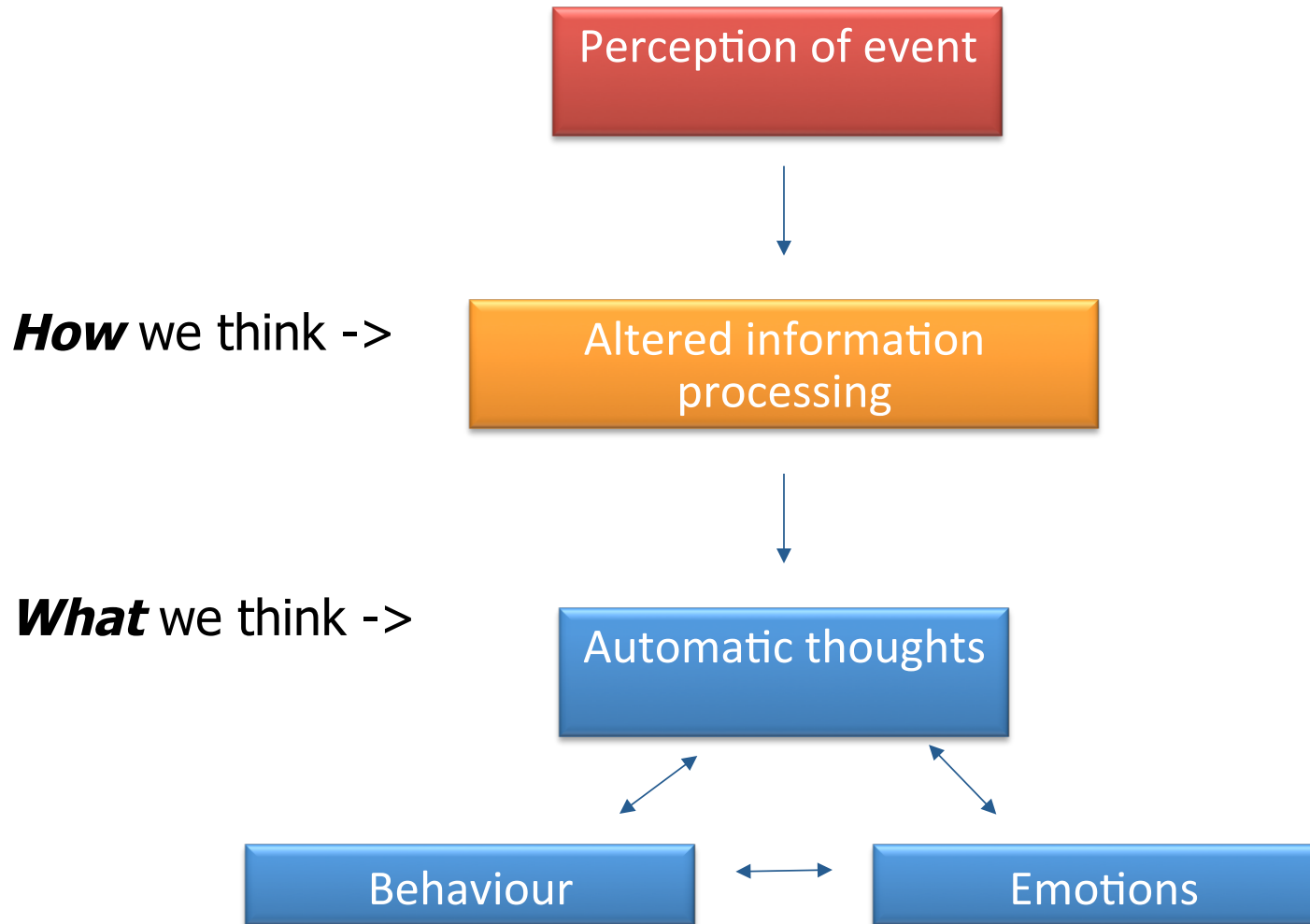
# Cognitive Processing Errors

- Black/white thinking
- Selective abstraction
- Discounting the +
- Overgeneralizing
- Fortunetelling
- Catastrophizing
- Arbitrary inference
- Labeling
- Mind reading
- Shoulds & musts
- Personalizing
- Magnification/  
minimization
- Emotional reasoning

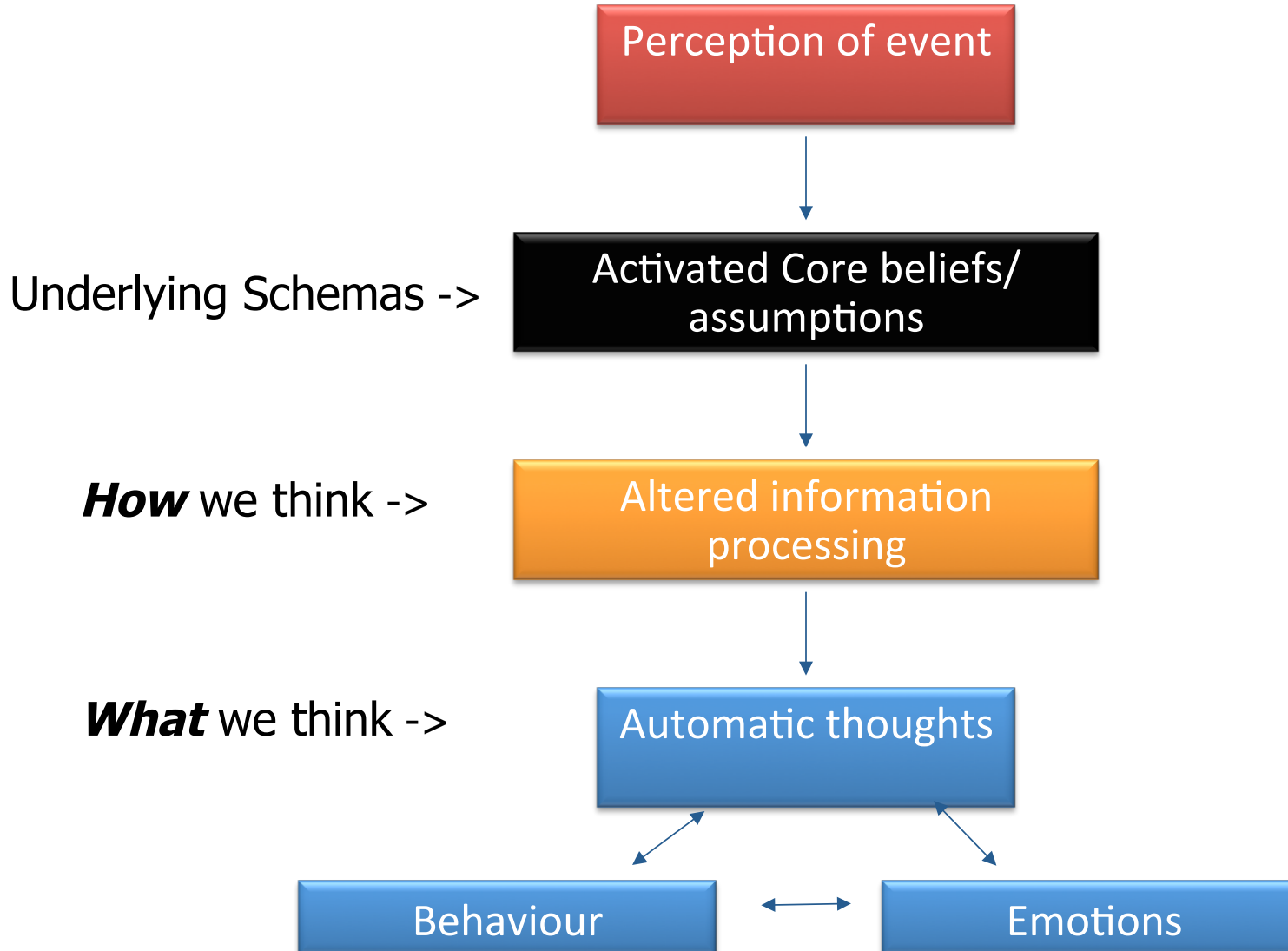
# Cognitive Errors

- 1. Overgeneralizing:** You perceive a global pattern of negatives on the basis of a single incident.  
*“This generally happens to me. I seem to fail at a lot of things.”*
- 2. Fortunetelling:** You predict the future negatively: Things will get worse, or there is danger ahead.  
*“I’ll fail that exam,” or “I won’t get the job.”*

# Cognitive Model II



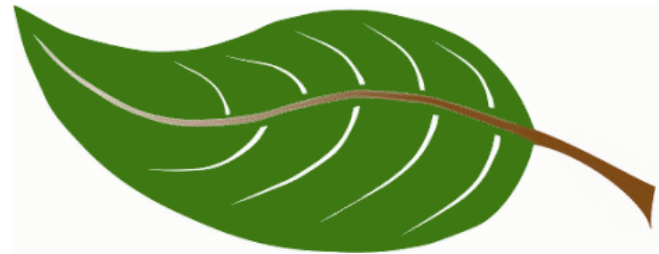
# Cognitive Model III





# Automatic Thoughts

- Occur rapidly in response to a situation
- Are not subjected to systematic, logical analysis
- A person may be unaware of their presence or significance
  - Nothing I do ever works out, so why bother?
  - He thinks I'm an idiot.
  - This depression is all my fault.
  - What if this is cancer?
  - They're laughing at me.



# Assumptions



## Rules for living:

- If I don't do a great job, then I'm a failure.
- If I'm depressed, people will think I'm weak.
- If others don't value me, I have no worth.
- Anything worth doing should be done perfectly.
- If I express my feelings, others will reject me.



# Schemas – Core Beliefs

- **Organizing principles that govern perceptions, predictions, and actions**
- **Rules used to evaluate the significance of events**
- **Necessary to manage information inputs**
- **Sets of schemas determine personal identity, values, and meaning**
- **May be adaptive or maladaptive**



# Examples of Maladaptive Schemas

- I will never succeed.
- The world is a frightening place – I must always be on guard.
- Others can't be trusted.
- I must be perfect to be accepted.
- I am unlovable.
- I am certain to fail.



# CBT Principles

- Present & future focus
- Therapy goal-oriented
- Time-limited
- Sessions structured
- Targets of therapy chosen based on shared case conceptualization
- Guided discovery
- Generalization promoted through HW

# Session Structure

- **Set agenda** (5 min)
  - What like to accomplish today?
  - How fit in with therapy goals? Prioritize.
- **Review learning since last session** (5-10 min)
  - including HW review
- **New ideas and skills (Agenda)** (20-30 min)
- **Setting of new HW** (5-10 min)
- **Feedback on today's session** (2-5 min)
  - What will you take away from today's session? How do you think the session went? Anything you would have preferred? etc.

# CBT Treatment Phases:

## Phase I.

- Assessment
- Case formulation
- Socialization of Pt to Rx
- Psychoeducation
- Introduction to Rx procedures
- Development of therapeutic alliance

# CBT Treatment Phases:

## **Phase II.**

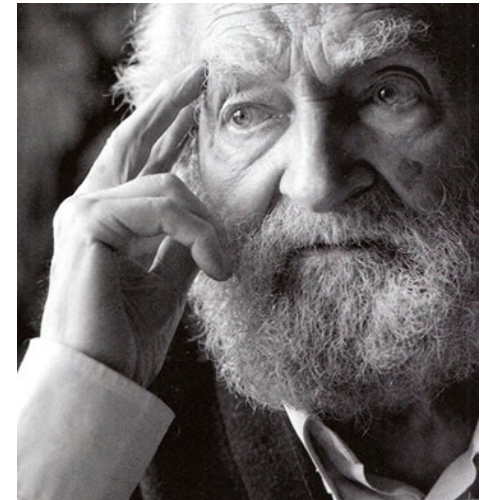
- Sequential application & mastery of cognitive and behavioral Rx strategies, skills training.

## **Phase III.**

- Preparation for termination
- Relapse prevention.

# Thoughts Levels

- **Automatic Thoughts**
  - Transient, superficial, unaware
- **Assumptions**
  - Rules
- **Core Beliefs / Schemas**
  - Absolute



```
graph TD; Catch --> Check; Check --> Correct; Check --> ProblemSolving[Problem Solving];
```

Catch

Check

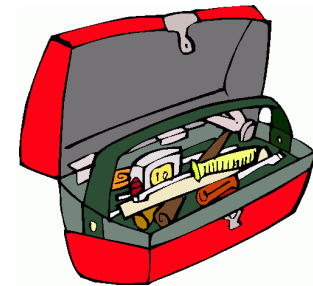
Correct

Problem  
Solving



# CBT techniques

- Eliciting Thoughts
- Differentiate emotions
- Downward arrow
- Pie chart
- Continuum
- Socratic questioning
- Examining the evidence
- Costs and benefits
- Double standard
- Problem solving
- Behavioral activation
- Exposure and response prevention
- Role plays
- Relaxation training
- Behavioral experiment



# Who Can Benefit from CBT?

Empirical Results

# CBT empirically supported for

- ADHD
- Conduct disorder
- Dementia
- Substance abuse (including alcohol)
- Schizophrenia
- Depression
- Bipolar disorder
- Panic disorder
- Phobias (eg Social Phobia)
- Generalised anxiety disorder
- Obsessive-compulsive disorder
- Posttraumatic stress disorder
- Somatoform & factitious disorders
- Dissociative disorder
- Sexual disorders
- Eating disorders
- Personality disorders
- Marital, family and parenting problems
- Pain
- Health-related behaviours

> 400 RCT

# Health-related behaviours

- Smoking
- Over-weight
- Compliance to Treatment
- Migraine
- Irritable-bowel syndrome
- Stress

# Conditions/Situations Where CBT May Not Be Helpful

- Antisocial personality disorder
- Memory impairment and other cognitive disorders
- Medical conditions which interfere with participation in CBT
- Strong attitudes that psychotherapy is not useful or is to be avoided

# Suitability for Short Term CT Rating Scales

**(SRS)** *(Safran, Segal, Shaw & Vallis, 1990)*

1. Accessibility of automatic thoughts
2. Awareness & differentiation of emotion
3. Acceptance of personal responsibility for change
4. Compatibility with cognitive rationale
5. Alliance potential (in-session evidence)
6. Alliance potential (out-of-session evidence)
7. Chronicity
8. Security operations
9. Focality
10. General optimism/pessimism about therapy

# Empirical results

## Depression:

- *Chan 06* Meta-analysis: 57 studies, n=10,000
  - CBT vs no rx (ES =.83)\*
  - Meds vs no rx (ES = .41) } (no sig diff)
  - Combined vs CBT or meds (ES = .53)
- *Cuijpers et al 08*: 53 studies, n=2,757
  - Compared CBT with 6 other psychological rx (IPT, supportive counselling, problem solving, behavioural activation, psychodynamic, social skills training)
  - All about the same (IPT better, SC worse)

\*Small ES .2    Medium ES .5    Large ES .8

# Anxiety Disorders: Effect Size (compared to placebo)

<u>Disorder</u>	<u>Hedge' s G (CI)*</u>
OCD	<b>1.37</b> (.64-2.2)
Acute Stress Disorder	<b>1.31</b> (.93-1.69)
Social anxiety Disorder	<b>.62</b> (.39-.86)
PTSD	<b>.62</b> (.28-.96)
GAD	<b>.51</b> (.05-.97)
Panic Disorder	<b>.35</b> (.04-.65)

*\*Small ES .2*

*Medium ES .5*

*Large ES .8*

*Hofman & Smits 08*



# Empirical results (cont.)

- As adjunct to pharmacological or other psychological treatment
  - Schizophrenia
  - Bipolar disorder
  - Bulimia
  - Chronic pain

NB. Personality disorders: DBT, and other psychologically complex approaches have moderate results on some symptoms.

# Guidelines

- APA
- NICE
- CPA

**video**

# Summary

- CBT is a problem-focused, structured approach
  - Rx of choice for depression and anxiety disorders
  - Important adjunct for many disorders
- Emotionally prominent situations chosen to explore the link between thought, emotion & behavior
- Cognitive & behavioral interventions modify
  - what we think (content: automatic thoughts, assumptions & core beliefs)
  - how we think (cognitive distortions)

# Feedback



THANK YOU

