



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

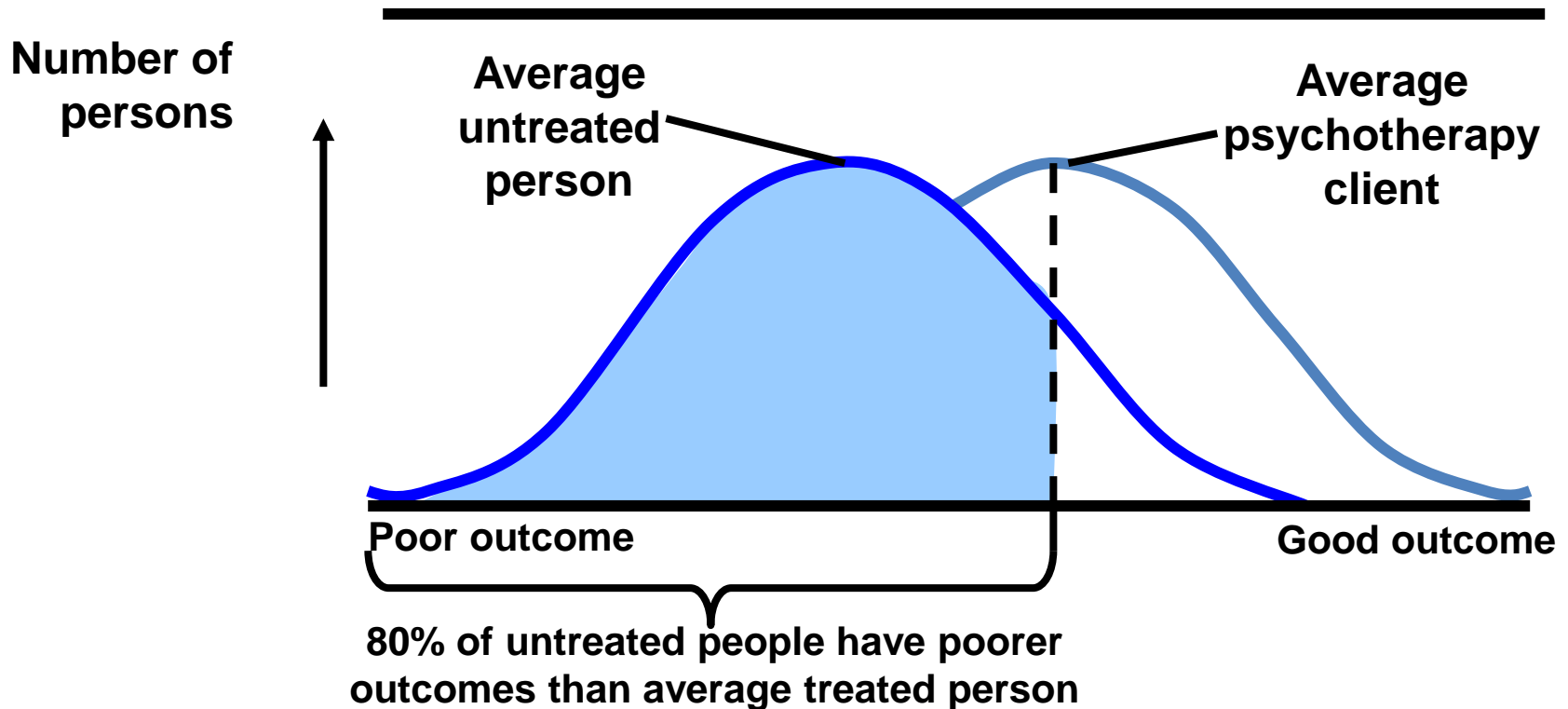
CBT
MBCT
DBT
ACT

IPT
ISRT

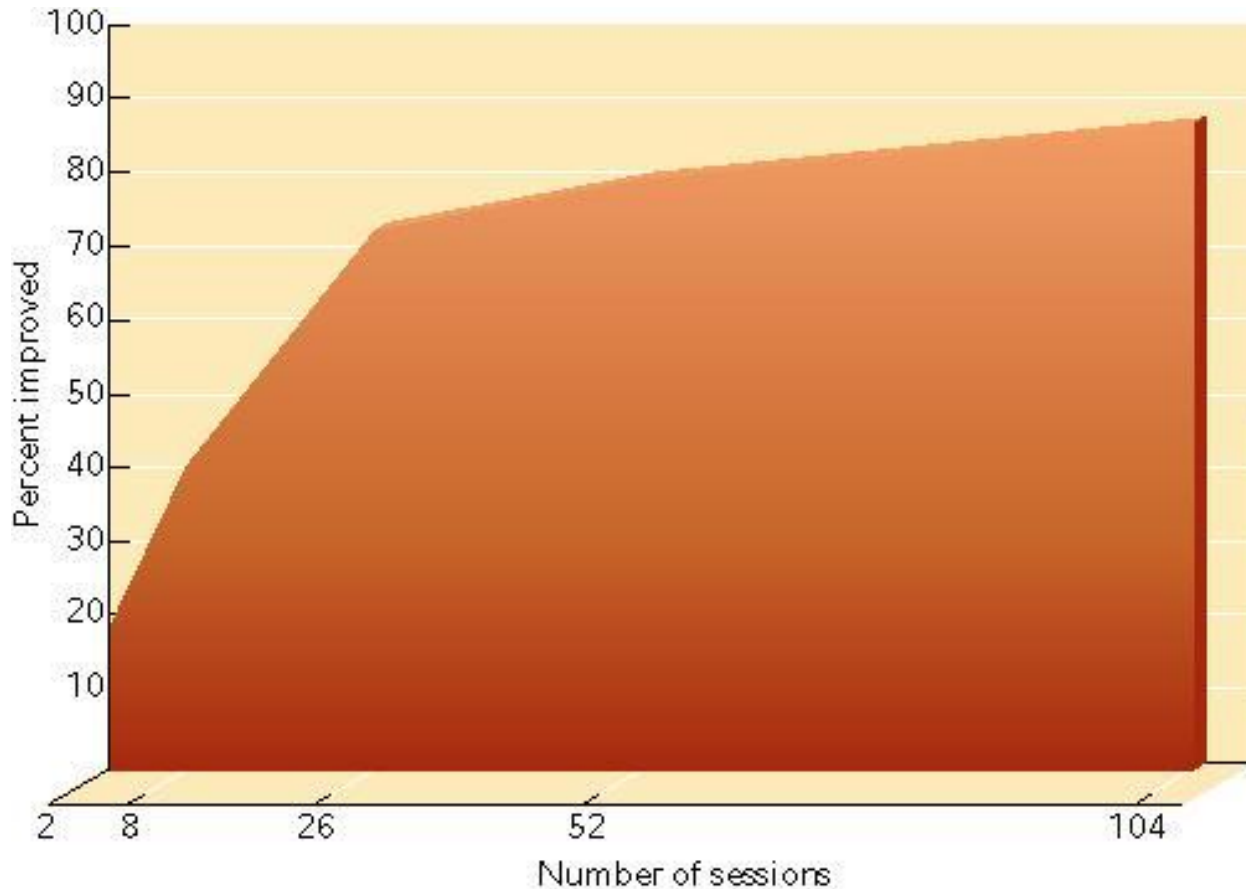
Counseling

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

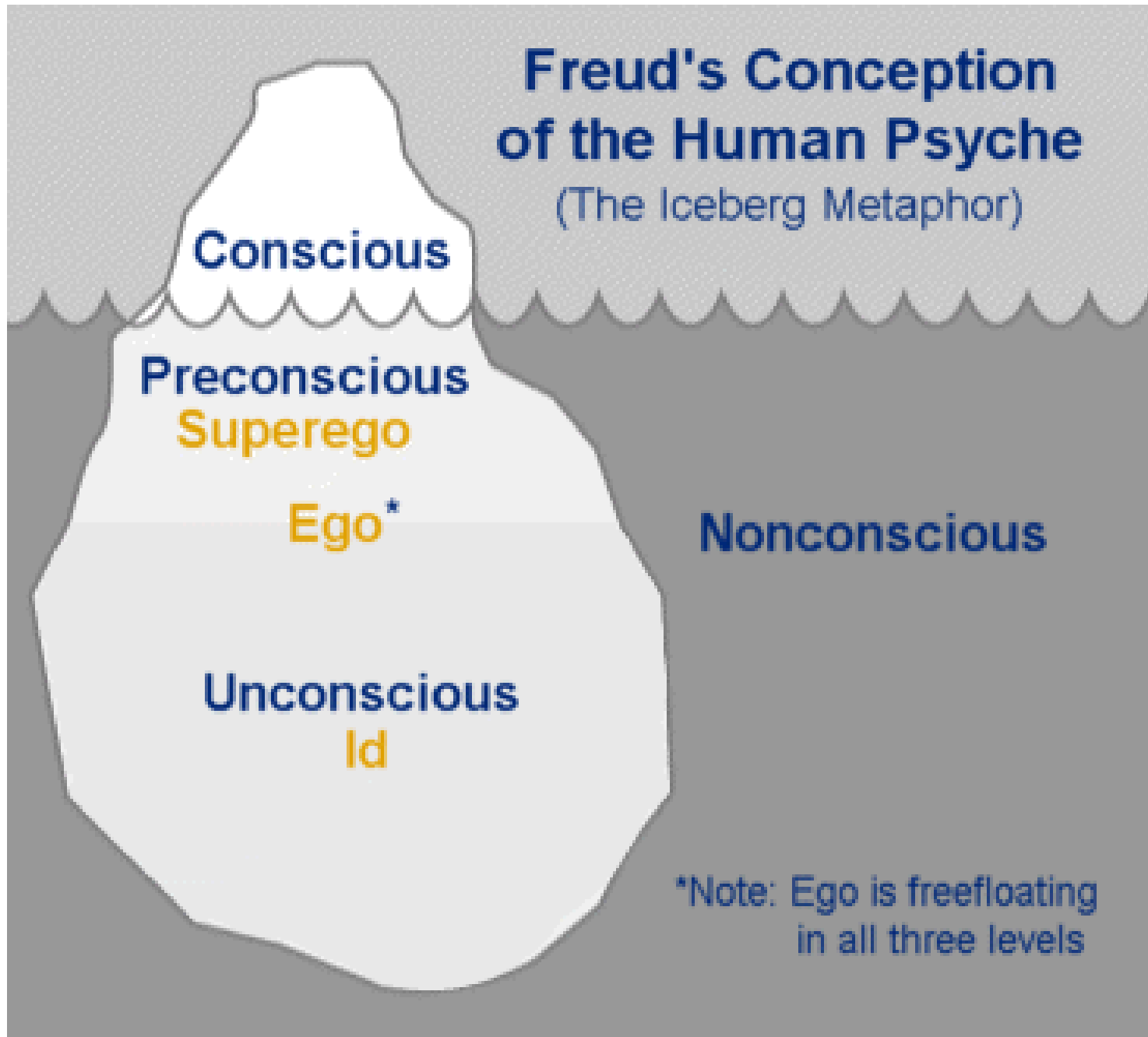
Ego*

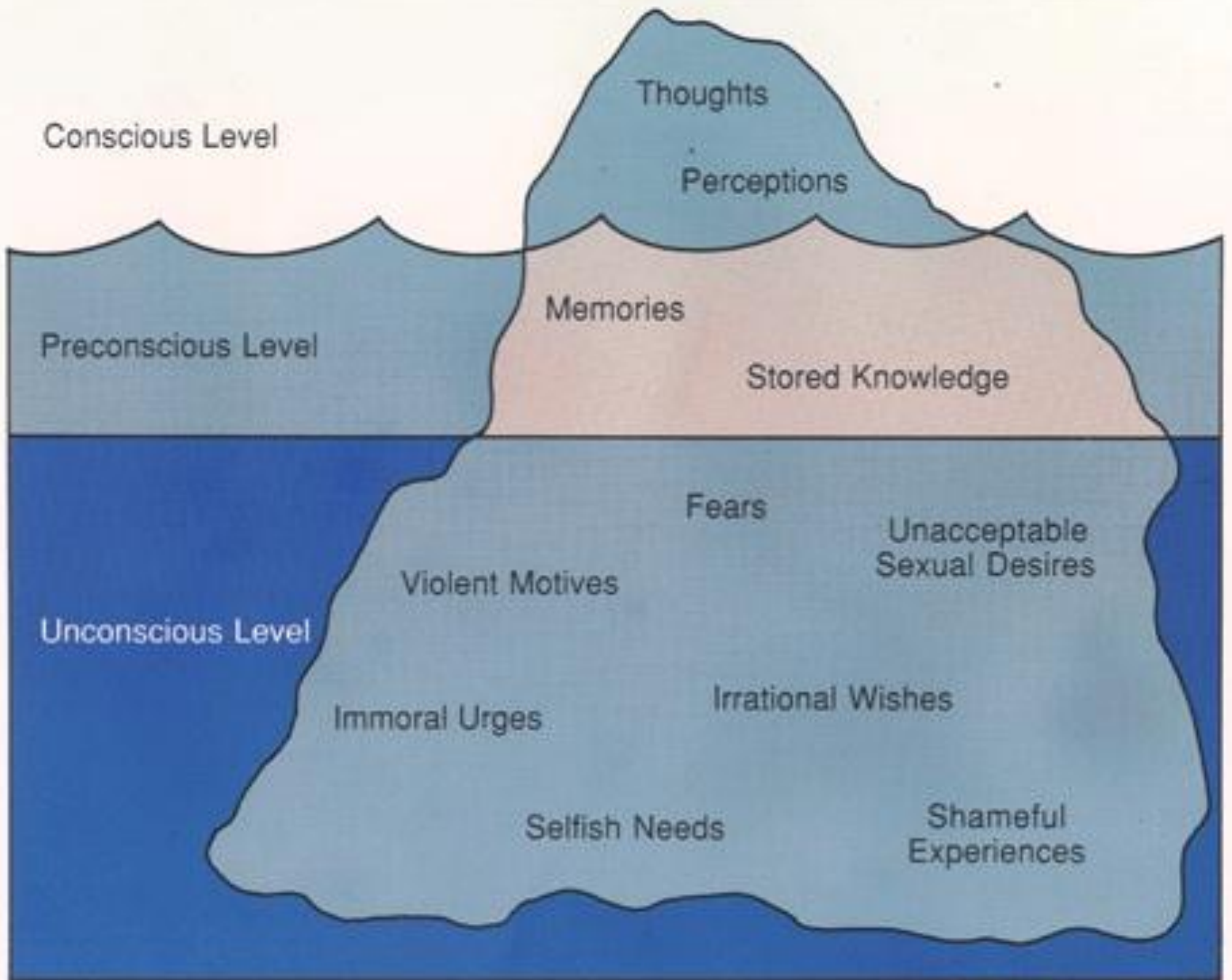
Unconscious

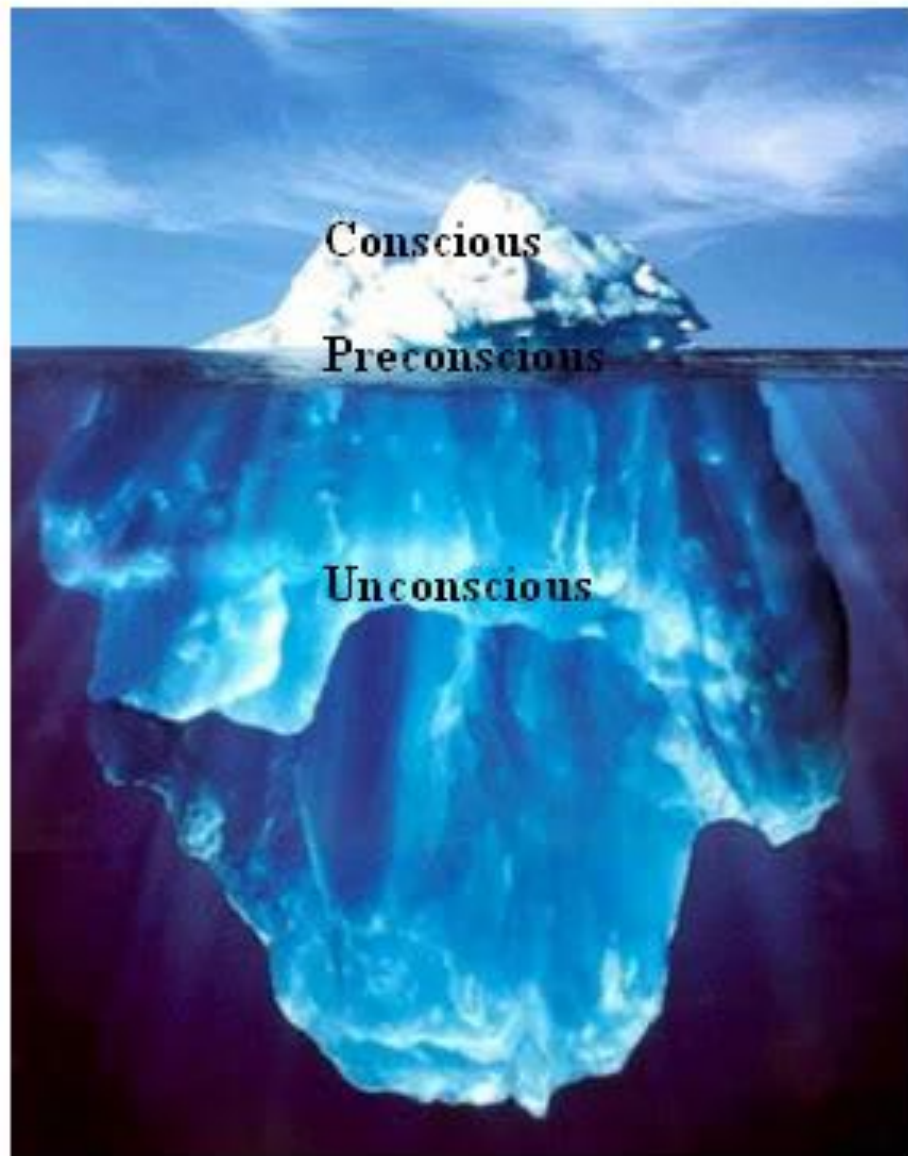
Id

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

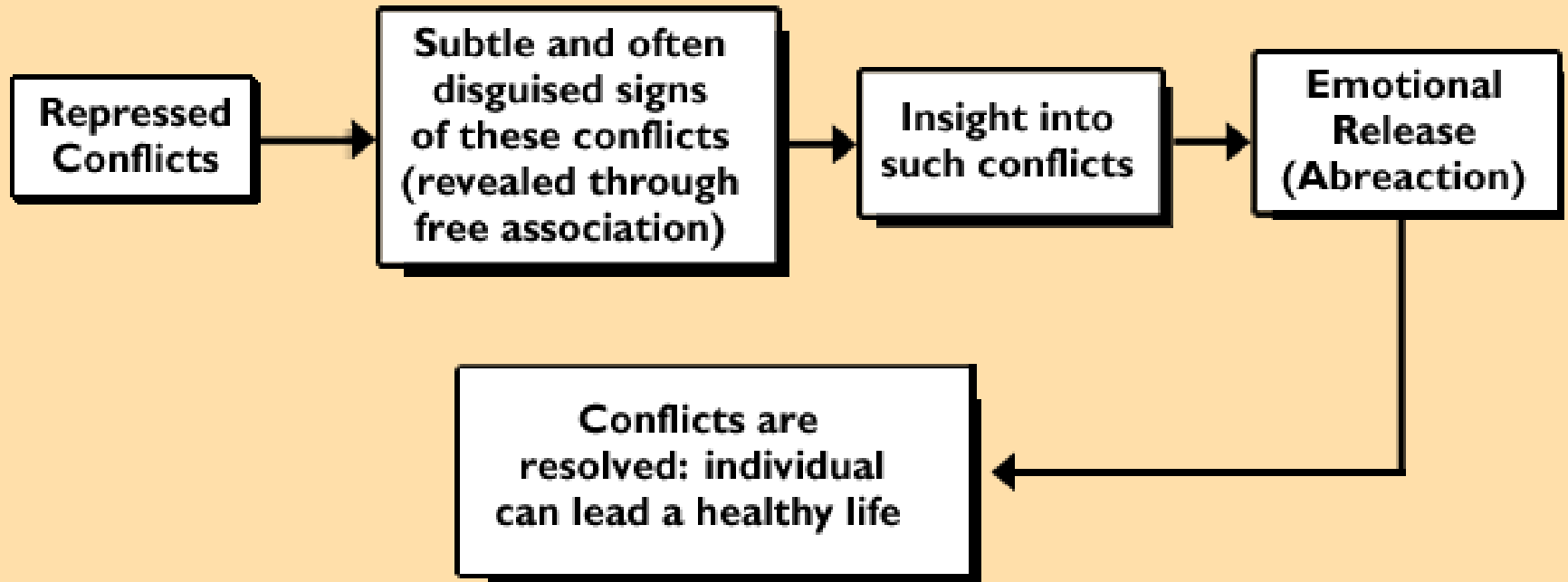
Psychoanalytic Techniques

- 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

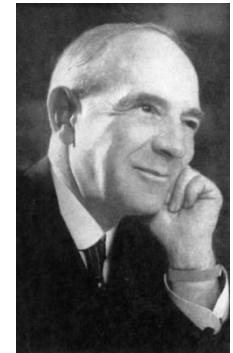
Carl Jung

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**

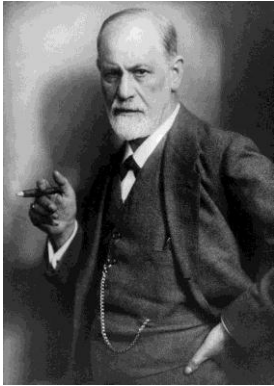
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Agenda

- 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



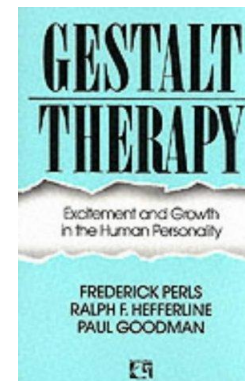
1921:
Psychodrama
by Moreno



"Handeln ist heilender als Reden"

J.L. Moreno

1951:
Gestalt Therapy
by Perls,
Goodman, and
Hefferline



CBT



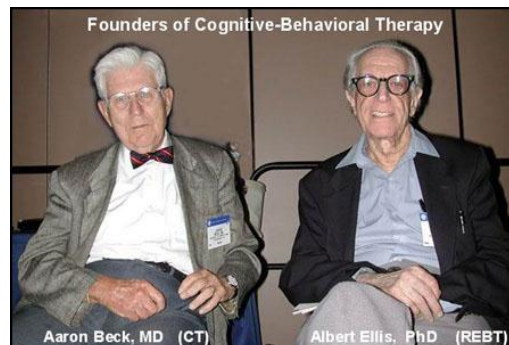
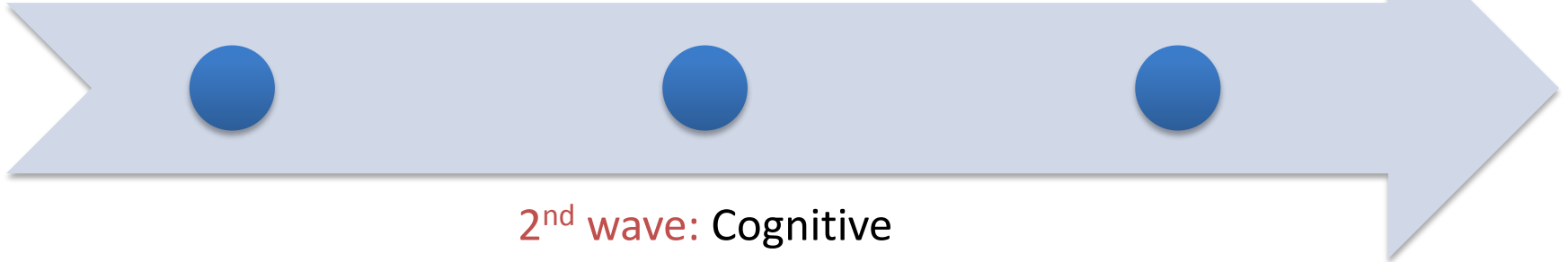
3rd wave:

MBCT

DBT

ACT

1st wave: Behavioral



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?



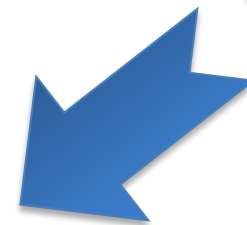
Basic Cognitive Model

Exercise



Thought

Situation

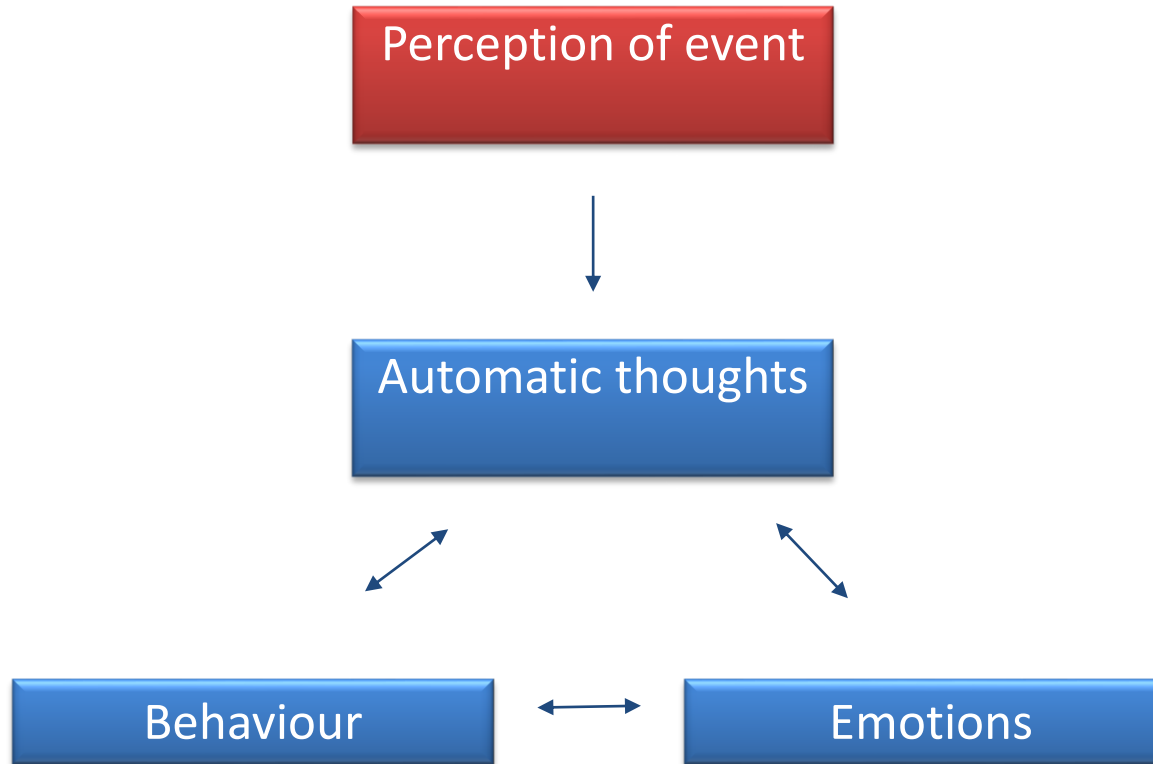


Behavior

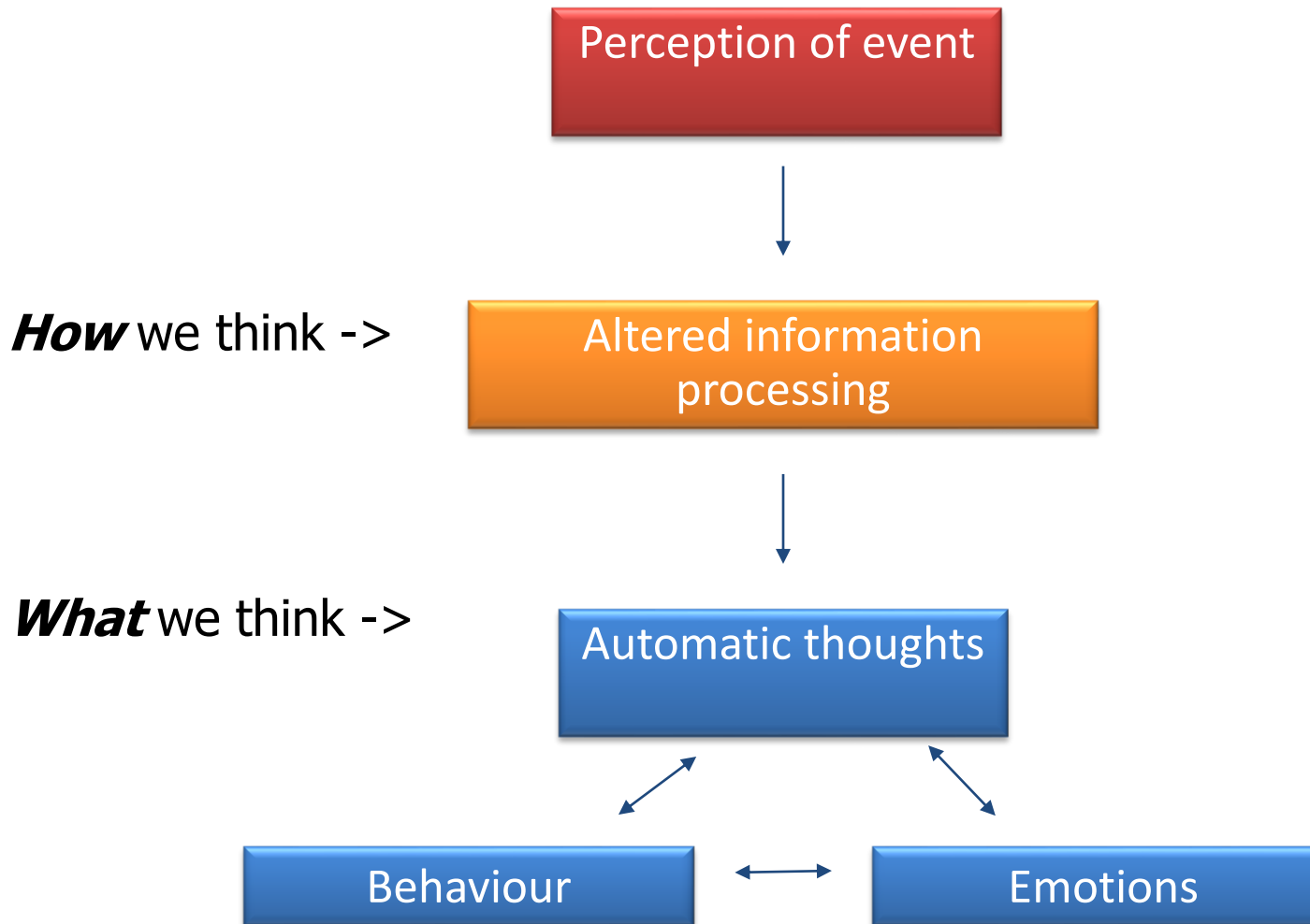


Emotion

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

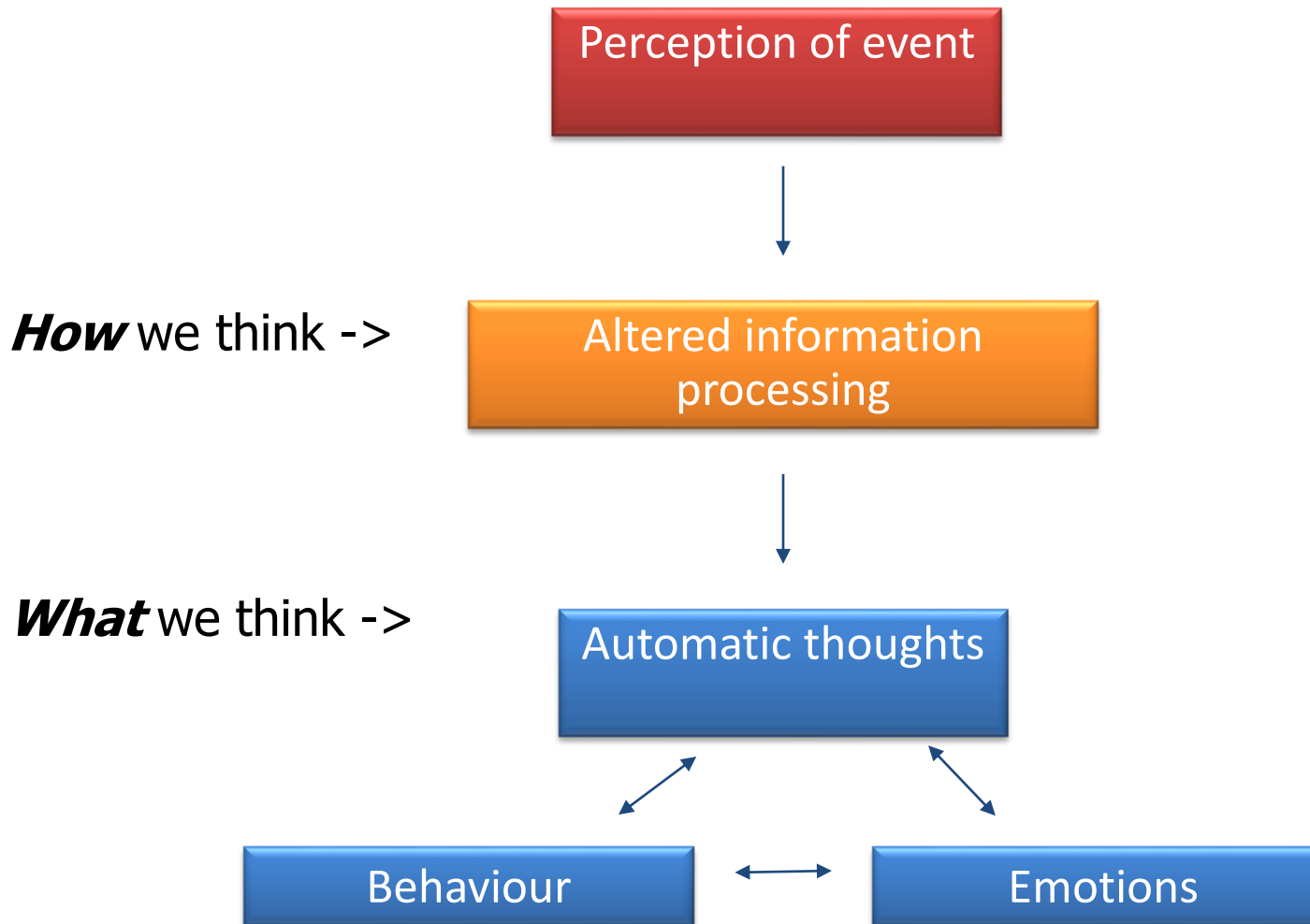
1. Overgeneralizing: You perceive a global pattern of negatives on the basis of a single incident.

“This generally happens to me. I seem to fail at a lot of things.”

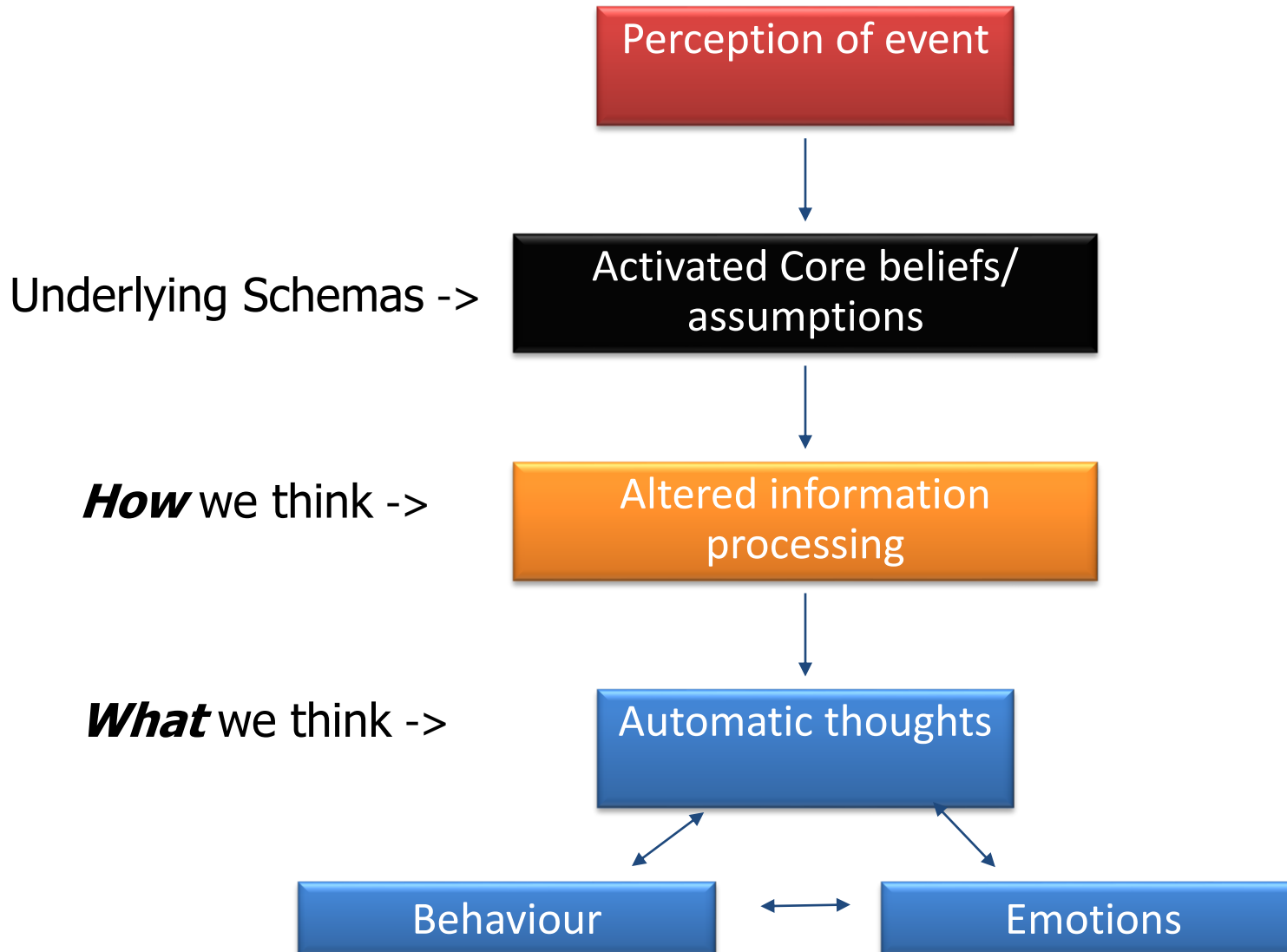
2. Fortunetelling: You predict the future negatively: Things will get worse, or there is danger ahead.

“I’ll fail that exam,” or “I won’t get the job.”

Cognitive Model II



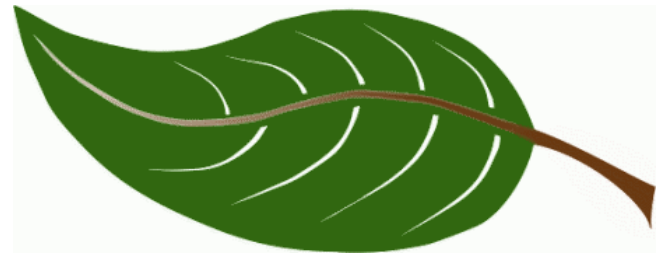
Cognitive Model III





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.

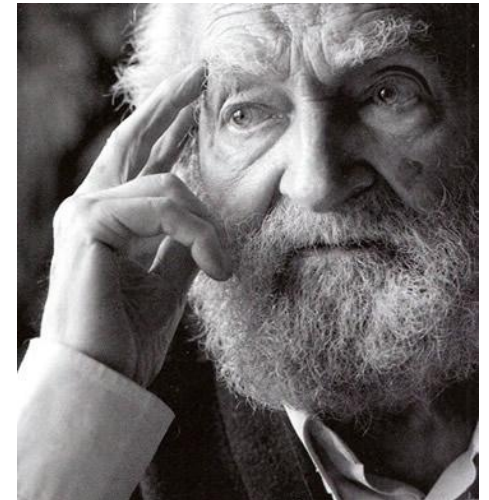
- Sequential application & mastery of cognitive and behavioral Rx strategies, skills training.

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]
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Catch

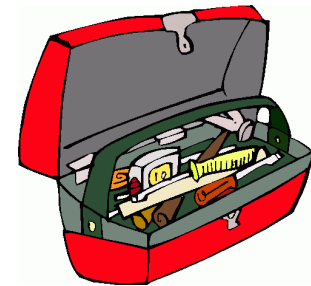
Check

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
- Autism spectrum disorders
- Sleep 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)
 - 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	1.37 (.64-2.2)
Acute Stress Disorder	1.31 (.93-1.69)
Social anxiety Disorder	.62 (.39-.86)
PTSD	.62 (.28-.96)
GAD	.51 (.05-.97)
Panic Disorder	.35 (.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

