



**Psychological Treatments  
(Psychotherapy)**

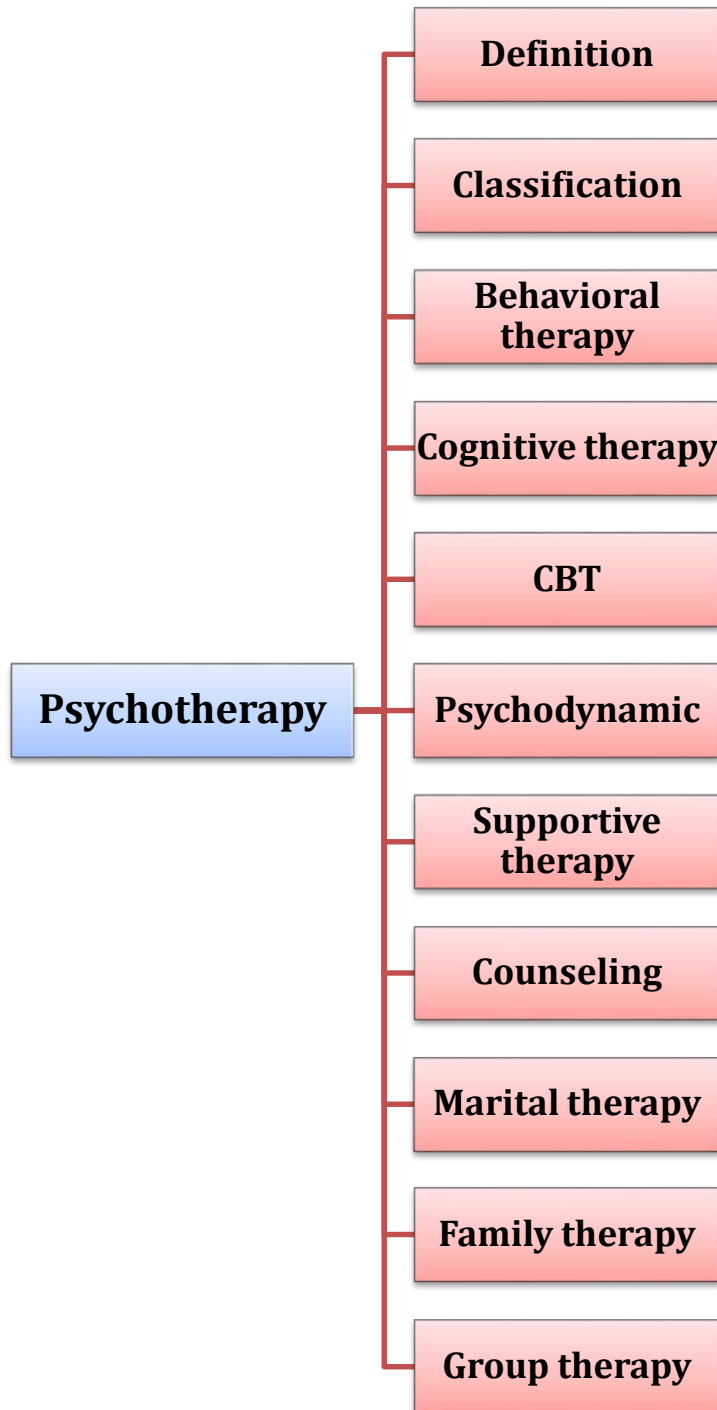
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**Doctor's note**   **Team's note**   Not important   **Important**   **Book's note**

**This work is based on the book and the manual, since the exam will be from them, and not from Alhadi's lecture.**



## Mind Map



## Psychological Treatments (Psychotherapy)

**Definition:** a group of non-pharmacological psychotherapeutic techniques employed by a therapist to ameliorate distress, abnormal patterns of relations or symptoms (phobias, obsessions, depressive thinking...)

- Psychotherapy is sometimes used to mean all forms of psychological treatments.
- 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.

### Classification:

#### A - According to concept:



- Behavior therapy.
- Cognitive therapy.
- Psychodynamic therapy.
- Person - Centered therapy.
- Eclectic model of therapy.

#### B -According to aim:



- Maintenance of function, e.g. supportive therapy.
- Readjustment to distress, e.g. problem - solving.
- Restoration of function, e.g. cognitive-behavior therapy.
- Reconstruction of personality, e.g. analytic therapy.

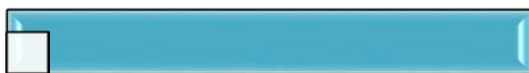
#### C - According to participants



- Individual therapy.
- Group therapy.
- Marital therapy.
- Family therapy.

### General Indications for Psychological Treatments:

#### A- Based on diagnosis:



- Neurotic illness (acute -chronic).
- Personality disorders.
- Psychoactive substance abuse.
- Childhood disorders.
- Chronic psychosis.

#### B- Based on presenting features:



- Subjective symptoms e.g. anxiety, phobia.
- Interpersonal difficulties e.g. overdependence, marital discord.

## Predictions of good outcome:

- Willingness and motivation.
- Reasonable intelligence.
- Capacity to :
  - Verbalize feelings.
  - Tolerate frustration.
- Efficient and committed therapist.
- Early intervention.

## BEHAVIORAL THERAPY

### Concept:

- Intrapersonal and interpersonal problems are seen as resulting from learning maladaptive inappropriate behavior.
- There is no place in this approach for the unconscious repressed conflicts.
- It is assumed that the main aim of any person is to adapt effectively to his environment.
- A person can achieve this goal on the basis of the application of the principles of learning.
- The aim for the client (patient) is to increase desirable behaviors and decrease undesirable ones.
- Behavioral assessment seeks to observe and measure maladaptive behaviors focusing on how the behavior varies in particular settings and under specific conditions.
- Problems will be decreased through client's learning more adaptive behaviors or unlearning maladaptive ones.

### Behavioral techniques:

1. **Exposure** (flooding or gradual exposure & response prevention; for phobias & OCD).
2. **Relaxation training** (for anxiety & phobias).
3. **Assertiveness training** (for dependent and avoidant personality disorders).
4. **Response prevention and thought stopping** (for OCD).
5. **Token economy** (for children, chronic schizophrenic, and intellectually disabled people).

## **Exposure (mainly for phobic disorders)**

- Exposing the patient to enter, repeatedly, situations that he has avoided previously or if this is not practicable to imagine doing so.
  - Gradual re-entry is called desensitization.
  - Rapid re-entry is called flooding.
- Hierarchy of avoided situations is drawn (situations are arranged in a descending order).
- Anxiety is reduced by relaxation training. (See down).
- Asking the patient to enter a situation that provokes the least anxiety (at the bottom of the hierarchy) and stay until anxiety subsides.
- The procedure is then repeated with the next situation on the hierarchy and so on.
- Repeated adequately prolonged exposure (for about an hour everyday) is required until patient's anxiety subsides.
- A family co-therapist is sometimes required to sustain motivation, praise success and encourage practice.

## **Relaxation Training:**

- There are various techniques which include the following common procedures :
  - Slow deep and regular breathing.
  - Clearing the mind of worrying thoughts; by concentrating on an imagined tranquil scene (meditation).
  - Progressive repeated tension and relaxation of group of muscles (face, neck, shoulders, back, abdomen, arms and legs) until generalized relaxation is achieved.
- About 20 sessions are required until a person becomes able to achieve rapid relaxation. Time required for each session gets less with repeated sessions.
- Tape recording of the instructions for relaxation is useful.
- Relaxation is helpful in anxiety and phobic disorders.

### **Assertiveness Training:**

- Unassertive persons are usually deficient in expressing their honest feelings and thought directly to others.
- Assertiveness training helps unassertive persons to practice appropriate social behavior in everyday life, expressing their honest feelings and thoughts in term of:
  - Verbal (tone of voice, volume and content).
  - Non-verbal (posture, eye contact, facial expression).
- Role play (therapist and patient exchange roles) helps the patient understand the view point of the other person in the situation.

### **Response Prevention:**

- It helps patients with compulsions (obsessive rituals). Patient is asked to exert efforts to suppress (prevent) compulsions for enough time (about an hour) until the association anxiety wanes.
- Repeated efforts are helpful in diminishing the frequency and intensity of compulsions and associated obsessional thoughts.
- Patient should be encouraged to overcome the initial rising in anxiety.

### **Thought Stopping:**

- It is used to treat obsessional thought.
- Obsessional thoughts are interrupted by a noxious stimulus e.g. an elastic band worn around the wrist (mildly painful).
- Gradual reduction in the intensity of the thoughts is achieved by repeated interruptions.

### **Token Economy:**

- Repeated rewards of a desired behavior encourage persons to repeat the behavior.
- It is used with chronic schizophrenic patients to improve their social skills e.g. self-hygiene.
- Also used with children and mentally subnormal people.

## COGNITIVE THERAPY

### Concept:

- Persons' behavior is associated with their own particular cognitive processes (ways of thinking, expectations, attitudes and beliefs).
- Maladaptive cognitive processes are associated with behavioral and emotional problems.
- Correcting maladaptive cognitive processes reduces patient's problems.

### Process:

Maladaptive thinking is **identified**; the common cognitive errors include:

- 1. Magnification and minimization** of events out of proportion to their actual significance, e.g. depressed patient magnifies his faults and minimizes his achievements.
  - 2. Overgeneralization:** forming a general rule from few instances and applying this rule to all situations no matter how inappropriate.
  - 3. Arbitrary inferences:** making an inference without backing it up with evidence, or alternatively ignoring conflicting evidences.
  - 4. Selective abstraction:** taking a fact out of context while ignoring other significant features and then proceeding to base entire experience on that isolated fact.
  - 5. Dichotomous thinking:** thinking about events or persons in terms of opposite extremes (all or none).
  - 6. Personalization:** relating events and incidents to self where such incidents have no personal bearing or significance.
- The maladaptive thinking is then **challenged** by correcting misunderstandings with accurate information and pointing out illogical ways of reasoning. Then alternative ways of thinking are sought out and tested.

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.

## Cognitive behavioral therapy (CBT)

- Combines cognitive and behavioral techniques.
- **Cognitive behavioral therapy is mainly indicated in:**
  - Depressive disorders (mild – moderate, but not severe).
  - Anxiety disorders (GAD, phobias and panic disorders).

## Psychodynamic 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 attaining insight (greater understanding of aspects of the disorder) as a mean to gaining more control over abnormal behavior.
- It helps some chronically depressed or anxious patients and those with personality problems.



## **SUPPORTIVE THERAPY**

### **Uses:**

- To 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.
  
- ❖ It is a systematic professional approach that involves the following procedures:
  - Building a reasonable patient-doctor therapeutic relationship. This should not be too intense.
  - Careful listening to the patient's problems and concerns facilitating emotional ventilation and sharing emotions with the patient.
  - Giving reasonable explanations and advice.
  - Instillation of hope and improving self-esteem.
  - Encouraging self-help.

### **Counseling**

- 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.
  - Unconditional positive regard of the client.

## **Marital Therapy:**

### **Indications:**

- Marital discord & when marital problems act as a maintaining factor of a psychiatric disorder in one or both partners.
- The couple and the therapist identify marital problems, such as:
  - Failure to listen to the other partner.
  - Failure to express wishes, emotions and thought directly.
  - Mind reading.
- The couple then are helped to understand each other.
- The therapist should remain neutral.
- Techniques used include:
  - Behavioral: reinforcement of positive behavior.
  - Dynamic: eliciting and correcting unconscious aspects of interaction.
  - Problem solving.

## **Family Therapy**

- Family members are all involved in the treatment to reduced suffering of one or more of the members.
- Concept and techniques are similar to marital therapy.

## **Group therapy**

- Group of patients (6 - 10) with similar psychiatric problems (e.g. social phobia) are guided by a trained therapist through using a variety of psychological techniques (behavioral, cognitive...) to help them overcome their psychological problems.

### **Therapeutic factors:**

- Group cohesion and support.
- Acceptance and ventilation.
- Identification and universalization.

## Summary

- **Psychological Treatments:** a group of non-pharmacological psychotherapeutic techniques employed by a therapist to ameliorate distress, abnormal patterns of relations or symptoms (phobias, obsessions, depressive thinking...).

### **BEHAVIORAL THERAPY:**

- The aim for the client (patient) is to increase desirable behaviors and decrease undesirable ones.
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**Counseling:** It helps persons to solve stressful problems through decision making.

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## MCQ's

**1- A 32 year old woman presented with extreme fear whenever she enters into elevator. What is the most appropriate treatment?**

- A. Behavioral therapy.
- B. Psychodynamic therapy.
- C. Supportive therapy.
- D. Insight oriented therapy.

**2- A 31 year old man witnessed death of his friend in a road traffic accident "RTA" 3 weeks ago. Since then he suffers from bouts of extreme distress on exposure to reminders of that RTA and bad dreams. Which of the following is the appropriate management step?**

- A. Psychotherapy.
- B. Olanzapine 15 mg.
- C. Amitriptyline 50 mg.
- D. Crisis intervention.

**3- A 20 year collage female student has extreme distress and shortness of breath whenever she presents a brief talk in front of others. What is the most appropriate treatment?**

- A. Behavioral therapy.
- B. Cognitive behavioral therapy.
- C. Supportive therapy.
- D. Insight-oriented therapy.

### Answers

1	2	3
A	A	B



For any suggestions:

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