

433 Teams

PSYCHIATRY

Psychotherapy

Psychiatry.team433@gmail.com



جامعة
الملك سعود
King Saud University



Clinical Psychology

1. LEARNING THEORIES

Learning is a relatively permanent change in behavior brought about by prior experience. There are three basic learning theories:

I. Classical Conditioning

- Stage 1: Unconditioned stimulus (e.g. food) > Unconditioned response (e.g. salivation)
- Stage 2: Conditioned stimulus (e.g. sound of the bell) + Unconditioned stimulus (food) > Unconditioned response (salivation).
- Stage 3: Conditioned stimulus (sound of the bell) > Conditioned response (salivation).

II. Operant Conditioning Behavior

Which is followed by advantageous consequences, is likely to be repeated, whereas behavior followed by noxious consequences will become less frequent.

- Reinforcement: the process of increasing the frequency of a specific piece of behavior by presenting a reinforcing stimulus.
 - Positive reinforcement: enhancement of behavior by a desired reward.
 - Negative reinforcement: enhancement of behavior by removal of undesirable event.

III. Modeling

Occurs when the behavior of an individual (the observer) is affected by the opportunity to observe the behavior of another person (the model).

Clinical Uses of Learning Theories:

- Treatment of phobias (systemic desensitization and flooding).
- Treatment of obsessive rituals (exposure and response prevention).
- Relaxation training (for anxiety).
- Aversion therapy (for alcoholism and sexual deviation).

2. COGNITIVE THEORY:

It emphasizes the impact of interpretation of events, expectations, and process of thinking about oneself, people, the environment, the past, and the future on the mood and behavior.

Depression and anxiety result from, and complicated by, wrong automatic thoughts e.g. "I am bad person".

Correction of erroneous thoughts with cognitive therapy usually relieves patients from negative emotions.

3. PSYCHOANALYTIC THEORY:

1. **Topographic model of the mind:** It divides the mind into three regions, and each of which has its own characteristics:

- i. **The Conscious:** The part of the mind in which perceptions coming from the mind, the body and from the outside world are brought into awareness. Its content can be communicated by means of language or behavior
- ii. **The Unconscious:** The part of the mind that contains the instinctual wishes and drives (self-preservative drives and sexual instincts) and represses them; keeping them out of conscious awareness through resistance to remembering.
- iii. **The Preconscious:** The part of the mind that comprises those mental processes, contents and events that are capable of being brought into conscious awareness by deliberate focusing of attention on the memory.

2. **Structural Theory Model (Ego Psychology):** It divides the psychological apparatus into the id, the ego and the super ego.

- A. **The "id":** It includes the **unconscious instinctual** wishes and drives, and operates according to the pleasure principle (it lacks the capacity to delay or modify the instinctual drives).
- B. **The "ego":** It attempts to achieve and coordinate optimal gratification of instinctual wishes and drives while maintaining good relations with the demands of the outer world and external reality.
- C. **The "superego":** It includes internalized moral values, prohibitions and standards; and offers approval or disapproval. The superego conducts an ongoing scrutiny of the person's feelings, thoughts, and behavior. It establishes and maintains the person's **moral conscience**.

- 3. Defense Mechanism:** Subconscious mental processes used by a person to deal with distressing situations or internal conflicts.
- A. Acting out:** Impulsive behavior in expression of a suppressed desire or conflict to avoid being conscious of the emotions that accompany it. It occurs mainly in children (e.g., tantrums), adolescents (e.g., motiveless assaults), and patients with **borderline personality disorder** (e.g., destructive behavior, deliberate self-harm).
 - B. Compensation:** Covering up for a weakness in the personality by over-emphasizing another desirable trait.
Example; a person with social anxiety becomes known for his expressive writings.
 - C. Conversion:** Symbolic expression of intrapsychic conflict through physical symptoms.
Example; a student in the exam suddenly develops pseudo-seizure. By doing so, two kinds of gains he achieves:
 1. Primary gain: relief of intrapsychic distress.
 2. Secondary gain: to be excused from the exam. It occurs mainly in conversion disorder.
 - D. Denial:** Rejection or disapproval of distressing reality.
Example; faults, poor performance, physical illness, loss of a loved person.
 - E. Displacement:** Transfer and discharge of bent-up intense emotions (e.g. anger, fear) on objects less dangerous than those arousing them.
Example; a man harassed by his boss at work, comes home and yells at his wife.
 - F. Identification:** Matching and modeling another person's behavior or attitude.
Example; a patient develops psychosomatic chest pain after death of a relative of heart attack.
 - G. Intellectualization:** Overemphasizing logical analysis of a situation through philosophical discussions to avoid distressing emotions accompanying it.
Example; a patient told to have cancer appeared self-composed and talked a lot about how cancer is challenging to doctors.
 - H. Projection:** Exempting self from one's own faults, bad motives, or wrong doings by attributing them to someone else.
Example; someone who dislikes a colleague may attribute to him feelings of anger, and in turn dislike. In this way, his own feelings of dislike may appear justified and become less distressing.

- I. **Rationalization:** justifying a behavior or attitude with logical, plausible reasons, but these are not the real reasons.
Example; a student states, "I was able to get grade "A+", but I was afraid of evil eye, that is why I left some questions unanswered."
- J. **Reaction Formation:** Controlling a distressing feeling by adopting the opposite behavior or attitude to that which would reflect the true feelings.
Example; a medical student who has been dismissed from medical college because of poor achievement and wished he continued studying medicine tells his family he hates medicine.
- K. **Regression:** a return to earlier and more comfortable patterns of thinking and behavior involving less mature reaction and responsibility.
Example; an adolescent boy whose self-esteem has been shattered reverts to child-like "show-off" behavior.
- L. **Splitting:** dividing his evaluation of others and situations into two extremes either all good or all bad rather than considering the full range of their qualities.
Example; a patient with borderline personality disorder over-idealizes some doctors and devalues others.
- M. **Sublimation:** diverting unacceptable drives (particularly sexual and aggressive) into socially acceptable channels such as creative activities.
Example; turning chronic anger feelings into vigorous sporting activities.
- N. **Undoing:** doing something to counteract unacceptable desires.
Example; a teenager who feels guilty about masturbation ritually cleans his hands excessively following each occurrence of the act.

4. INTELLIGENCE TESTING:

Intelligence is the ability to solve environmental problems and to adapt to changes. Two common tests are:

- Stanford - Binet test (age 2 to 18 years).
- Wechsler scales (for children and adults).

Intelligence tests assess intellectual ability; verbal/vocabulary, visual-spatial (picture assembly), math skills, and performance skills.

Intelligence Quotient (IQ) = (mental age/chronological age) x 100

IQ scores: average normal (100 +10), bright normal (120), superior (> 130), dull normal (80-90), borderline (70-79), mild mental retardation (50-70), moderate mental retardation (35-49), severe mental retardation (20-34), and profound mental retardation (< 20).

IQ Test Scale	
70	Borderline (less than 1 person out of 100,000)
85	Low normal
100	Upper normal
115	Bright
130	Gifted
145	Highly gifted (approximately 1 in 1,000)
160+	Exceptionally gifted (approximately 1 in 100,000)

5. PERSONALITY TESTING:

Personality is the distinctive patterns of thought, emotion, and behavior that define an individual's personal style and influence his or her interactions with the environment. Personality measures

- A. There are many personality tests that measure the various traits of normal personality, the most widely used are the following:
- The Five Factor Model of Personality (FFM).
 - The Myers-Briggs Type Indicator (MBTI).
 - The 16 Personality Factor Questionnaire (16 PF).
 - The California Psychological Inventory (CPI).

They are helpful in predicting behavior, achievement, and adaptation to stress. They can be used in many settings like academic, career, and occupational selection.

- B. In clinical psychology practice, there are tests used to detect abnormal patterns of personality.

Objective Tests (questions with standardized-response format that can be objectively scored).

- Eysenck Personality Inventory (EPI).
- Minnesota Multiphasic Personality Inventory (MMPI-2).

Projective Tests (interpretation of ambiguous stimuli with no objective structured-answer format).

- Rorschach test: to identify disordered thoughts and defense mechanisms through interpretation of inkblots.
- Thematic Apperception Test (TAT): to evaluate motivations and attitude behind behaviors through creating stories based on pictures of people in various situations.

Several intelligence and personality tests are available in Arabic language, and validated in some Arab communities.

Clinical psychologists play important roles within the psychiatric team for both patients' assessment (e.g., IQ, personality) and treatment (e.g., cognitive-behavior therapy).

Psychological Treatment:

They are a group of non-pharmacological psychotherapeutic techniques employed by a therapist to ameliorate distress, abnormal patterns of relations or symptoms (e.g. phobias, obsessions, depressive thinking)

1. Cognitive Therapy:

Concept:

- Maladaptive cognitive processes (ways of thinking, expectations, attitudes and beliefs) 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:**

- **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 inferences:**
 - 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.
- **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.
- 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	Intervention
Overgeneralizing: If it's true in one case, it applies to any case that is even slightly similar)	Exposure of faulty logic and establish criteria of to determine the degree of similarity.
Selective Abstraction: The only events that matter are failures.	Use log to identify successes patient forgot.
Excessive Responsibility: "I am responsible for all bad things"	Disattribution technique.
Assuming Temporal Causality: If it has been true in the past, it's always going to be true.	Expose faulty logic and specify factors that could influence outcome other than past events.
Self-Reference: "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.
Catastrophizing: Always think of the worst	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 as a whole.

2. Behavioral Therapy:

Concept:

- The aim for the client is to increase the desirable behaviors and decrease the undesirable ones.
- Behavioral assessment seeks to **observe** and **measure** maladaptive behaviors focusing on how the behavior varies settings and under specific conditions.
- Problems will decrease as the client learns more adaptive behaviors.

Behavioral techniques:

- a. Exposure (flooding or gradual exposure & response prevention; for Phobias & OCD).
- b. Thought stopping (for OCD).
- c. Relaxation training (for Anxiety & Phobias).
- d. Assertiveness training (for dependent and avoidant personality disorders)
- e. Token economy (for children, chronic schizophrenic, and intellectually disabled people).

3. Cognitive Behavioral Therapy (CBT):

It is a combination of cognitive and behavioral techniques and is **indicated** in:

- Depressive disorders (mild – moderate, but not severe)
- Anxiety disorders (GAD, phobias, panic disorders)

4. Marital Therapy:

Indications:

- Marital discord
- When marital problems act as a maintaining factor for a psychiatric disorder.

Steps of Marital therapy:

- i. The couple and the therapist **identify** marital problems, for example:
 - Failure to listen to the other partner.
 - Failure to express wishes, emotions and thought directly.
 - Mind reading (Expecting your partner to know what you're thinking).
- ii. The couple then are helped to **understand** each other.
- iii. The therapist should remain **neutral**.

Techniques used in Marital Therapy:

- a. Behavioral: Reinforcement of positive behavior
- b. Dynamic: Eliciting and correcting unconscious aspects of interaction.
- c. Problem Solving.

5. Psychodynamic Psychotherapy:

- A person's **behavior** is determined by an unconscious process.
- Current problems arise from **unresolved unconscious conflicts** originating in early childhood.
- Problems will be reduced or resolved through the client attaining **insight**¹ as a mean to gaining more control over abnormal behavior.
- It helps some chronically depressed or anxious patients and those with personality problems.

¹: A greater understanding of the aspects of the disorder.

Done By:

Basmah AlDeghaither

Nada Dammas

