

433 Teams

PSYCHIATRY

Lecture (10)

Psychotherapy



جامعة
الملك سعود
King Saud University



Psychiatry.team433@gmail.com

Psychological Treatment:

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

Cognitive Therapy:

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.

Some ways of intervention in some of the cognitive errors:

- ✓ **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.**
- ✓ **Excessive responsibility** (I am responsible for all bad things)→ **Disattribution technique.**
- ✓ **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.**
- ✓ **Assuming temporal causality** (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.**

Behavior Therapy:

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.

Behavioral techniques:

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

Cognitive behavioral therapy (CBT):

combines cognitive and behavioral techniques. It is indicated in: **depressive disorders** (mild – moderate, but not severe) & **anxiety disorders** (GAD, phobias, panic disorders).

Psychodynamic Psychotherapy:

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.

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.

Other treatments in Psychiatry:

- ❖ DBS (Deep brain stimulation) Invasive *electric* used for Parkinson
- ❖ rTMS(Repetitive Transcranial Magnetic Stimulation)*Non-invasive*
like MRI, approved for treating resistant depression
- ❖ VNS (Vagus Nerve Stimulation) *Invasive* used for Depression
- ❖ Psychosurgery (Temporal or Parital lobectomy) rarely used to treat
OCD. Only have been done once in Saudi Arabia.
- ❖ IPT(Interpersonal psychotherapy)
Good for complicated grieve, eating disorders.
- ❖ IPSRT (Interpersonal and Social Rhythm Therapy)
Good for Bipolar.

Psychotherapy Vs Counseling

- Psychotherapy: Treating Disorders
- Counseling(إرشاد): Treating Problems

Systematic desensitization (graduated exposure therapy) used for treating Phobias.

The end goal of CBT is to treat or change the Emotions.

Done By:

Mohammed ALSammari	Abdullah ALGhaiheb
Feras AL-Fawaz	

