



Psychological Treatment

Objectives:

- 1- Know the concept of psychological treatment and related terms.
- 2- Understand different types and applied techniques of psychotherapy.
- 3- Know indication of each technique.

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- Color index: **Golden notes** - Dr. **notes** - extra

Psychological Treatment

- A group of **non-pharmacological** psychotherapeutic techniques employed by a therapist to ameliorate distress, abnormal patterns of relations or symptoms.

Psychotherapy:

- It is sometimes used to mean all forms of psychological treatments. **Deep, insight oriented.**

Counseling:

- Used to refer to a wide range of the psychological treatments ranging from the giving of advice, to structural ways of encouraging problems solving.

Types

According to the concept	<ul style="list-style-type: none">● Behavior therapy.● Cognitive therapy.● Cognitive-Behavior Therapy.● Psychodynamic therapy.● Person - Centered therapy.● Eclectic model of therapy. شامل / مختلط / منوع● Others.
According to the aim	<ul style="list-style-type: none">● 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.
According to the participants	<ul style="list-style-type: none">● Individual therapy.● Group therapy.● Marital therapy.● Family therapy.



Indications Dr. skipped

Based on diagnosis	Based on presenting features
<ul style="list-style-type: none">● Anxiety (acute - chronic).● Personality disorders.● Psychoactive substance abuse.● Childhood disorders.● Chronic psychosis.	<ul style="list-style-type: none">● Subjective symptoms e.g. anxiety, phobia.● Interpersonal difficulties e.g. overdependence, marital discord.

Prediction of Good Outcome

- Willingness and motivation.
- Reasonable intelligence.
- Capacity to verbalize feelings and tolerate frustration.
- Efficient and committed therapist.
- Early intervention.



Behavior Therapy

Concept: Problems will be decreased or extinguished through client's learning more adaptive behaviors or unlearning maladaptive ones. *It is best not to use behavior therapy alone. It's preferred to start therapy 1 month after starting medication, because serotonin levels are related to compliance*

Indications: OCD, anxiety, and phobic disorders.

Techniques:

- Relaxation Training. *Relaxing skeletal muscles to reduce physical complaints, e.g. headaches.*
- Exposure (Desensitization or Flooding). *Desensitization is done gradually, over time. In comparison, Flooding involves sessions of around 2-3 hours where the patient is faced with their phobic stimulus immediately until their anxiety decreases.*
- Response Prevention. *With or without exposure. Encourage the patient to face their fears and let obsessive thoughts occur without 'putting them right' or 'neutralising' them with compulsions. When a behavior is no longer rewarded (reinforced) it becomes extinct.*
- Assertiveness Training. *Used for avoidant personality.*
- **Thought Stopping.** *Many students mistakenly think it's part of cognitive therapy*
- Token Economy *(gifts and rewards upon achieving goals).*

Cognitive Therapy imp for exam

Concept: Correcting maladaptive thinking processes reduces patient's problems.

Indications: Depressive disorders (**mild – moderate**), anxiety, and **phobic disorders**.
Severe depression has major defect so medication is needed.

Process: Identification of cognitive errors that have negative impact on the patient thinking.

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. **Similar to Arbitrary inferences.**
 - **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.
 - **Catastrophic thinking**
- Challenging the identified cognitive errors with accurate information and pointing out illogical ways of reasoning. Finding alternative more adaptive ways of thinking. Testing the effect on emotion and behavior and encouraging positive thinking.

Cognitive Behavior Therapy (CBT)

Concept: Combination of cognitive and behavioral techniques.

Indications: Many psychiatric disorders like depressive disorders (mild-moderate, but not severe), adjustment disorders, anxiety disorders/phobic disorders, and stress-related disorders. **Most common type of psychotherapy.**

Supportive Therapy

- **Careful listening** to the patient's problems, facilitating emotional ventilation, sharing emotions with the patient, giving reasonable advice, and improving self-esteem.
- It is indicated 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.

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 (**you shouldn't make decisions for them**), 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) and unconditional positive regard of the client.

Psychodynamic/Insight-Oriented Psychotherapy

Concept: 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 means to gaining more control over abnormal behavior.

Indications: The main indication is **personality problems**. However, it might help in many other conditions.

Other Types

- Marital Therapy.
- Family Therapy (e.g. community therapy, divorce, medical conditions)
- Group Therapy (similar cases, PTSD, OCD.. etc.)

Finally, note the terms **'Premature Reassurance'** and **'False reassurance'**. Do not reassure people without understanding the extent of their problems and its prognosis. The opposite should be avoided too, don't terrify pts.



Psychological Treatments

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...)



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	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.

Behavior Therapy

Concept:

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.

Questions:

1- Married Female Patient with can't take any decisions in her life (dependent personality), management?

A. Insight oriented therapy B. Martial therapy C. Cognitive D. Exposure therapy

Ans: A

Q15: A 23 years old woman cannot decide in anything unless she get multiple advice from others. What is the treatment for her?

A. Response prevention B. Exposure C. Insight-oriented therapy D. Marital therapy

Answer: C

Q66: A question about a clinician who told his patient to write down his successes in life that he forgot. What is the clinician looking for?

A. Overgeneralization B. Arbitrary inference C. Dichotomous thinking D. Selective abstraction

Answer: D

Q2: A 26 year old female spending on hygiene rituals about 3 hours every day. Which of the following is the best treatment?

A. Aripiprazole 15mg twice a day B. Exposure and response prevention C. Olanzapine D. Intensive insight therapy

Answer: B

Q79: To which therapy does "thoughts stopping technique" belongs to?

A. Cognitive therapy B. Psychodynamic therapy C. Behavior therapy D. marital therapy

Answer: C

Q15: 14 years old boy with needle phobia what is the most appropriate treatment ?

A- Cognitive therapy B- Behavioral therapy C- Psycho oriented therapy

Ans: B