جـامـعـة الملك سعود
King Saud University

MEDICINE 438's REVIEW OF

CLINICAL PSYCHIATRY

Psychotherapy

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Objectives

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

EDITING FILE

IMPORTANT | TEXTBOOK | LECTURER'S NOTES | EXTRA | GOLDEN NOTES

Psychological Treatments

◀ Definition

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

◀ Types of Psychotherapy

According to the Concept	According to the Aim	According to the Participants
• Behavior therapy. • Cognitive therapy. • Cognitive-Behavior Therapy. • **Dialectical behavior therapy** • Psychodynamic therapy. • Psychoanalytic therapy. • Person-Centered therapy. • Eclectic model of therapy. • Others.	• 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.	• Individual therapy. • Group therapy. • Marital therapy. • Family therapy.

◀ Indication of Psychotherapy

Based on Diagnosis	Based on Presenting Features
• Anxiety (acute-chronic). • Personality disorders. • Psychoactive substance abuse. • Childhood disorders. • Chronic psychosis.	• 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	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 & measure maladaptive behaviors focusing on how the behavior varies in particular settings and under specific conditions. ● 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. ● Focuses on what the patient does rather on what they think "change the behavior and the feelings will follow". ● Its premise relies on the concept of conditioning (discussed in the previous page)
Indication	● OCD, Anxiety, Phobic disorders, bulimia, anorexia, paraphilias, schizophrenia & personality disorders.

Techniques

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.**
Exposure (Desensitization or Flooding)	Mainly for phobic disorders and OCD: Exposing the patient to repeatedly enter situations that he has avoided previously **(in vivo exposure = real situation)** or, if this is not practicable, to imagine doing so **(imaginal exposure)**, ● 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. ● The patient is asked 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.
Response Prevention (often combined with exposure, exposure response prevention [ERP])	It **helps patients (with compulsions or phobia).** ● Patient is asked to exert efforts to suppress control the abnormal behavioral responses triggered by exposure (avoidance in phobia and compulsions in OCD) for enough about 30 – 60 minutes until the associated distressing feelings wane. ● Repeated application of this technique help the autonomic nervous system to re-adapt to the stimulus through diminishing the frequency and intensity of abnormal responses (fear, avoidance, or compulsions). ● Patient should be encouraged to overcome the initial distress.

Assertiveness Training	Unassertive persons are usually deficient in expressing their honest feelings and thoughts directly to others. • Assertiveness training helps unassertive persons to practice appropriate social behavior in everyday life, expressing their honest feelings and thoughts through verbal (tone of voice, volume, and content) and nonverbal communication (posture, eye contact, facial expression). • Allows persons to stand up for themselves without needless anxiety • Role play (therapist and patient exchange roles) helps the patient understand the viewpoint of the other person in the situation.
Thought Stopping	It is **used to treat obsessional thoughts**. • 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. • Used to treat paraphilias (electric shocks when sexual thoughts are present)
Token Economy	Positive reinforcement • Rewards are given after specific behaviors to reinforce them • Used for the treatment of eating disorders and to promote positive behaviors in disorganized patients (e.g., showering, shaving)

Biofeedback	
Concept	• Display of physiological parameters to a patient (heart rate, EMG, blood pressure, thermal biofeedback) • Helps patients exert control over their autonomic responses by correlating their conscious states with changes in their physiological parameters • Examples; Airway resistance biofeedback for asthma patients to alleviate their panic

Cognitive Therapy

<table>
<tr><td>Concept</td><td>

Correcting maladaptive thinking processes reduces patient's problems.
Maladaptive cognitive processes are associated with behavioral and emotional problems.

Based on the cognitive theory of depression

According to this theory, depression results from core cognitive dysfunctions that relate to the person's view of self, the world and the future (cognitive triad)
Apathy and low energy for instance results from inherent expectations of failure in everything
Avolition stems from hopelessness
Each individual has a set of cognitive structures (schemas) that shape their reactions to the situations they encounter in life
In depression, those cognitive structures are negative (negative view of self, the world, and the future)(e.g., I am inherently unlovable I might as well resort to solitude for the rest of my life)
The psychiatrist and patient work together to test those assumptions, the goal is to provide an evidence of the implausibility of these negative assumptions (it goes against the biological need for adaptation to ensure survival)
Almost always accompanied by behavioral techniques (behavioral therapy, hence CBT)

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<tr><td>Indication</td><td>

Depressive disorders (mild – moderate)(can be used as monotherapy for mild)
Anxiety.
Phobic disorders.
Severe depression has major defect so medication is needed.
Personality disorders
Somatoform disorders

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<tr><td>Process</td><td>

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 (next page)

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.

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◀ Examples of Cognitive Therapy

Table 28.7-3
Cognitive Errors Derived from Assumptions

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.

(From Beck AT, Rush AJ, Shaw BF, Emery G. *Cognitive Therapy of Depression*. New York: Guilford; 1979:48, with permission.)

AUTOMATIC THOUGHT RECORD

Directions: When you notice your mood getting worse, ask yourself, **"What's going through my mind right now?"** and as soon as possible jot down the thought or mental image in the Automatic Thoughts column.

DATE/ TIME	SITUATION	AUTOMATIC THOUGHT(S)	EMOTION(S)	ALTERNATIVE RESPONSE	OUTCOME
	1. What event, daydream, or recollection led to the unpleasant emotion? 2. What (if any) distressing physical sensations did you have?	1. What thought(s) and/or image(s) went through your mind? 2. How much did you believe each one at the time?	1. What emotion(s) (sad, anxious, angry, etc.) did you feel at the time? 2. How intense (0-100%) was the emotion?	1. (optional) What cognitive distortion did you make? (e.g., all-or-nothing thinking, mind-reading, catastrophizing) 2. Use questions at bottom to compose a response to the automatic thought(s). 3. How much do you believe each response?	1. How much do you now believe each automatic thought? 2. What emotion(s) do you feel now? How intense (0-100%) is the emotion? 3. What will or did you do?
Friday 7:30 PM	I called Sally to go out, as we talked about. I got her answering machine. Felt a sinking sensation.	1) They have all gone out and forgotten about me, because I'm not important to them anymore. (90% believable) 2) I'm left out again. (90% believable) 3) I'm going to have to spend another Friday night alone. (100% believable) 4) I just don't fit in anywhere in this world. (70% believable)	1) Angry (60% intensity) 2) Lonely (95% intensity) 3) Depressed (95% intensity)	I'm engaging in arbitrary inference, overgeneralization, personalization, and catastrophization. 1) It could all be an innocent misunderstanding. (40% believable) 2) I have spent a lot of time with Sally and the others and I know they like me. (60% believable) 3) Being at home alone is not the end of the world. (50% believable)	1) 30% 2) 10% 3) 50% 4) 0% Angry (5%) Lonely (40%) Depressed (20%) Calm (70%) I will call back in an hour if I don't hear from Sally.

Questions to help compose an alternative response: (1) What is the evidence that the automatic thought is true? Not true? (2) Is there an alternative explanation? (3) What's the worst that could happen? Could I live through it? What's the best that could happen? What's the most realistic outcome? (4) What's the effect of my believing the automatic thought? What could be the effect of changing my thinking? (5) What should I do about it? (6) If ____________ (friend's name) was in the situation and had this thought, what would I tell him/her?

Cognitive Behavior Therapy

Concept	• Combination of **cognitive** and **behavioral** techniques. • Most common type of psychotherapy.
Indication	• Many psychiatric disorders like depressive disorders (mild-moderate, but not severe). • Adjustment disorders. • Anxiety disorders/phobic disorders, & Stress-related disorders.

Supportive Therapy

Concept	• It is a systematic professional approach that involves building a good therapeutic relationship. • **Careful listening to the patient's problems, facilitating emotional ventilation, sharing emotions with the patient, giving reasonable advice, and improving self-esteem.**
Indication	• 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

Concept	• 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) and unconditional positive regard of the client.

Dialectical Behavioral Therapy (DBT)

Concept	Goals: Enhance skills, improve motivation and emotional regulation • Effectively reduces self-destructive behaviors and hospitalizations in patients with borderline personality disorder
Indication	• Self-injurious patients with parasusicidal behavior or borderline personality disorder

Psychodynamic/Insight-Oriented 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 obtaining insight (greater understanding of aspects of the disorder) as a mean to gaining more control over abnormal behavior. • Similar to psychoanalysis (next page), but it's face-to-face, and does not involve the usage of a couch and is conducted over a shorter period
Indication	• The main indication is personality problems (dependent personality disorder). However, it might help in many other conditions.

Psychoanalysis	
Concept	• Relies on the concept of **transference neurosis** (the patient transfers their thoughts and feelings to the therapist) • **Free association:** Patient says whatever comes to their mind during the session to make the subconscious conscious • The goal is to make conscious the conflicting unconscious issues in order for the therapist to analyze and consequently modify them with the patient • The analyst must sit behind the patient and not be seen for transference to occur • The patient lies on a couch • For more on the underpinnnings of Freudian psychoanalysis, including defence mechanisms, refer to First Aid for the Psychiatry Clerkship pages 182-185 and pages 151-162 of Kaplan and Sadock's Synopsis of Psychiatry
Indication	• Patient must be insightful, with at least average intelligence and wishes to understand themselves • Indicated for: **Cluster B and C personality disorders, anxiety disorders, sexual disorders, persistent depressive disorders** and **stressful lifestyles** • Contraindicated for antisocial personality disorder (partially due to dishonesty), psychosis and nonmotivated patients

Marital Therapy	
Concept	• Marital discord and when marital problems act as a maintaining factor of a psychiatric disorder in one or both partners.
Process	• 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. The couple then are helped to understand each other. The therapist should remain neutral. • The therapist sees couples together (conjoint therapy) or separately (concurrent therapy). Or different therapist for each spouse (collaborative therapy), or two therapists may see the spouses together (four-way therapy)
Techniques	• Behavioral (reinforcement of positive behavior), cognitive, counseling, and insight oriented.

Family Therapy	
Concept	• 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. • e.g. Community therapy, divorce, medical condition.

Group Therapy	

Concept	• 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.
	• Can be peer-led without a therapist (e g., Alcohilics Anonymous program)
	• Therapeutic factors:
	  ○ Group cohesion and support.
	  ○ Acceptance and ventilation.
	  ○ Identification and universalization.

Combined Psychotherapy and Pharmacotherapy (Pharmacotherapy-Oriented Psychotherapy)	
Concept	• Both therapies are synergistic and integrated • **One-person therapy:** The psychiatrist performs both treatments • **Multiperson or split-therapy**: The psychiatrist performs pharmacotherapy and someone else performs psychotherapy • Clinician and therapist must communicate in split therapy • Used in schizophrenia, bipolar, depression and anxiety disorders among others

Doctor’s Quiz

1. A 17-year-old girl has severe phobia of needles and injections. What is the most appropriate treatment?
   a. Behavior therapy.
   b. Cognitive therapy.
   c. Insight-oriented therapy.
   d. Psycho-education.

2. A 21-year-old male attending psychotherapy was asked to write records of his life events in order to identify his positive personal character that he neglects. Which of the following was the therapist identifying?
   a. Arbitrary inferences.
   b. Dichotomous thinking.
   c. Overgeneralization.
   d. Selective abstraction.

3. A 32-year-old married woman has excessive worries and difficulty making personal decisions unless having enough advice and reassurance from others. What is the recommended psychological treatment?
   a. Exposure therapy.
   b. Insight-oriented therapy.
   c. Marital therapy.
   d. Response prevention.

4. A 29-year-old married man has a 5-year continuous history of mild low mood and lack of enjoyment. What is the most appropriate treatment?
   a. Cognitive behavior therapy.
   b. Dynamic psychotherapy
   c. Marital therapy.
   d. Response Prevention.

5. A 20-year-old college student female failed two weeks ago in Mathematics. She came to outpatient psychiatry clinic with 7 days history of lack of sleep, very poor appetite, excessive crying episodes, lack of pleasure and loss of hope. What is the most appropriate psychological treatment?
   a. Behavioral therapy.
   b. Cognitive-Behavior Therapy.
   c. Family therapy.
   d. Group therapy.

Answer Key: 1) A, 2) D, 3) B, 4) A, 5) B

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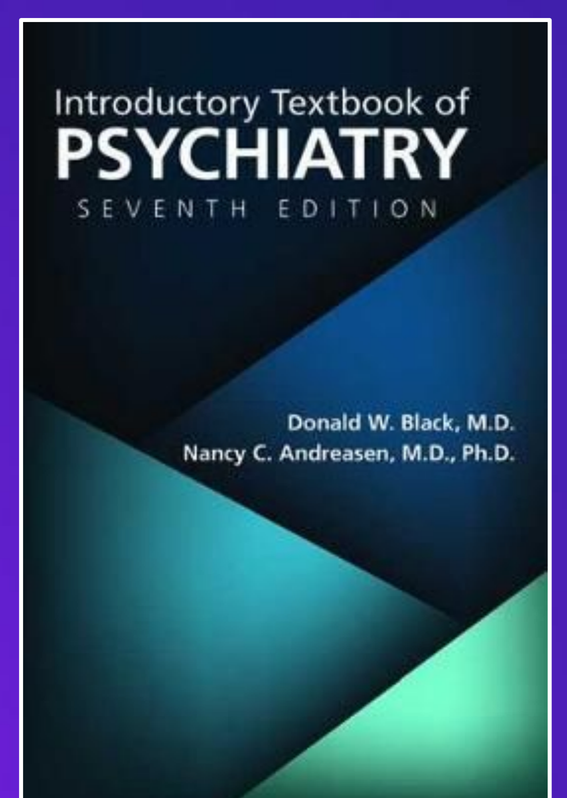

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