

## Treatment of Psychological Disorders

### Historical Methods

- Trephining = making holes in skulls to let harmful spirits escape
- Hippocrates and Galen believed psychological illnesses arose from biological factors
- Philippe Pinel and Dorothea Dix rallied against the inhumane institution system
- Deinstitutionalization = releasing patients from mental institutions in hopes that advancements in medicine will help

### Modern Treatments

- Primary Prevention = reduce incidence of societal problems
- Secondary Prevention = prevent at-risk people from developing specific problems
- Tertiary Prevention = prevent mental issues from getting more severe
- Eclectic Treatments = combine various methods to adapt to a patient's unique needs

### Types of Therapists

- Psychiatrists = medical doctors who are permitted to prescribe medication, often less trained in psychotherapy
- Clinical Psychologists = often require doctoral degrees, and deal with those who have problems that are more severe than everyday difficulties
- Counselling Therapists = often requires graduate degrees, and deal with those who have problems that are not as severe and more commonplace; examples include marriage and family therapists
- Psychoanalysts = people specifically trained in Freudian methods

### Psychoanalytic Therapy

- Patients are often relaxed and reclined on sofas or chairs

#### **Hypnosis**

- Altered state of consciousness where people are less likely to repress thoughts

#### **Free Association**

- Saying whatever comes to mind, revealing clues covered by ego's defenses

#### **Dream Analysis**

- Patient describe dreams and what occurs during dreams
- Ego's defenses are thought to be relaxed, and dreams may possibly reveal the root of the problem
- Manifest Content = what the patient reports
- Latent Content = the results of a therapist's interpretive work
- Resistance = when patients protect themselves by disagreeing with the therapists (this can often reveal the source of the problem as well)
- Transference = when patients begin to have strong feelings toward therapists, whether it be a romantically, seeing therapists as mental figures, or intense hatred

## **Humanistic Therapy**

- Self-actualization = reaching one's highest potential
- Free will = the capability of controlling one's own destinies
- Determinism = the belief that fate is predestined by forces that cannot be controlled

### **Client-Centered Therapy**

- Providing patient with *unconditional positive regard*, supporting and accepting the patient as who they are regardless of their situations
- By providing *unconditional self-regard*, humanistic therapists seek to help their clients accept and take responsibility for themselves
- Usually *non-directive*, and therapists would not tell patients what to do but rather seek to help the patient choose a course of action for themselves

### **Gestalt Therapy (developed by Fritz Perls)**

- Patients encouraged to explore feelings of which they may not be aware and emphasize the important of body position and small actions
- Patients asked to integrate all feelings, actions and thoughts into a harmonious whole

### **Existential Therapy**

- Help patients achieve subjectively meaningful perception of their lives
- Patient's difficulties seen as caused by a loss or failure to develop a sense of purpose

## **Behavioral Therapy**

- Behaviorists believe that all actions and thoughts are learned

### **Counterconditioning (developed by Mary Cover Jones)**

- Uses classical conditioning where an unpleasant conditioned response (UCR) is replaced with a pleasant one (PCR)
  - Example: Every time Bob goes to the dentist (UCR), he also gets a lollipop (PCR)

### **Systematic Desensitization (developed by Joseph Wolpe)**

- First, the patients are taught to replace feelings of anxiety with relaxation, such as using breathing exercises and meditation
- Then, the therapist and patient work together to create an *anxiety hierarchy*, which is a rank-ordered list of what the client fears, from the least to most frightening
- The patient would then confront the fears from the least to most frightening
  - *In vivo desensitization* = confronting actual feared objects or situations
  - *Covert desensitization* = imagining fear-inducing stimuli

### **Flooding**

- Can use both in vivo and covert desensitization
- Reverse order of systematic desensitization – start from worst fear first

### **Aversive Conditioning**

- Breaking bad behavior by associating unpleasant stimuli such as shocks or nausea

### **Modelling**

- Allow patient to observe another person safely overcome unpleasant stimuli

### **Token Economy**

- Rewarding desired behaviors with tokens (goods or privileges)

## **Cognitive Therapy**

- Cognitive therapists believe that psychological disorders come from how a person thinks
- Concentrates on changing unhealthy thought patterns, usually challenges a patient's irrational thinking patterns (confrontational)
- Attempts to get patients to engage in pursuits that will bring them success

## **Cognitive Behavioral Therapy**

- Combines both behavioral and cognitive therapy together

### **Rational Emotive Behavior Therapy (developed by Albert Ellis)**

- Comprehensive, active-directive philosophically and empirically based
- Focuses on resolving emotional and behavioral problems and disturbances and enabling people to lead happier and more fulfilling lives
- Looks to expose and confront dysfunctional thoughts of patients
- Focuses not only on how and what patients think but also on what they do
- Patients often provided homework, such as engaging in feared behaviors

## **Group Therapy**

### **Family Therapy**

- Reveals interactions between family member
- Exposes problems and helps entire family rather than just one person

### **Self-Help Groups**

- People with similar problems (both psychologically and physically) come together to share experiences and methods of coping

## **Somatic Therapy (Biomedical)**

### **Psychopharmacology/Chemotherapy**

- Schizophrenia → antipsychotic drugs [*Thorazine*] or [*Haldol*] → function by blocking receptor sites for dopamine (side effect is *tardive dyskinesia*)
- Major Depression → tricyclic antidepressants, monoamine oxidase (MAO) inhibitors, serotonin-reuptake inhibitors [*Prozac*] → increase activity of serotonin (tricyclics and MAOs have more side effects)
- Bipolar Disorder → Lithium → used to treat manic phase
- Anxiety Disorders → relaxants such as barbiturates [*Miltown*] and benzodiazepines [*Xanax*] and [*Valium*]

### **Electroconvulsive Therapy**

- Running electric currents through the brain
- Significant side effects, such as memory loss
- Possibly helps change brain's blood-flow patterns

### **Prefrontal Lobotomy (form of Psychosurgery)**

- Cutting main neurons leading to the frontal lobe of the brain
- Calmed behavior of patients, but also reduces level of functioning and awareness
- Used as a last resort

| <b>Disorder</b>            | <b>Drugs Used</b>  |
|----------------------------|--|
| <b>Anxiety Disorder</b>    | Barbiturates, Benzodiazepines  |
| <b>Unipolar Depression</b> | Monoamine oxidase (MAO) inhibitors, tricyclic antidepressants, serotonin-reuptake inhibitors |
| <b>Bipolar Disorder</b>    | Lithium (manic phase)  |
| <b>Schizophrenia</b>       | Antipsychotics (neuroleptics)  |

| <b>Perspective</b>          | <b>Specific Example</b>           | <b>Key Concepts/Techniques</b>   | <b>Founder</b> |
|-----------------------------|-----------------------------------|--|----------------|
| <b>Psychoanalytic</b>       | Psychoanalysis                    | <ul style="list-style-type: none"> <li>• Free Association</li> <li>• Dream Analysis</li> </ul>                               | Sigmund Freud  |
| <b>Humanistic</b>           | Client-Centered Therapy           | <ul style="list-style-type: none"> <li>• Unconditional Positive Regard</li> </ul>  | Carl Rogers    |
| <b>Behaviorist</b>          | Systematic Desensitization        | <ul style="list-style-type: none"> <li>• Relaxation</li> <li>• Anxiety Hierarchy</li> <li>• Counterconditioning</li> </ul>   | Joseph Wolpe   |
| <b>Cognitive</b>            | Cognitive                         | <ul style="list-style-type: none"> <li>• Challenging negative beliefs about cognitive triad</li> </ul>                       | Aaron Beck     |
| <b>Cognitive-Behavioral</b> | Rational Emotive Behavior Therapy | <ul style="list-style-type: none"> <li>• Challenging illogical ways of thinking and assigning behavioral homework</li> </ul> | Albert Ellis   |