psycho

therapy

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Therapists use a number of psychological techniques to treat psychological disorders.

Psychotherapy

- Use of psychological techniques to treat psychological disorders, resolve people's problems in living, and improve their life quality

BEHAVIORAL APPROACHES

- Behavioral approaches
  - Approaches that focus on specific problematic behaviors and build on the basic processes of learning
  - To learn new, normal behavior to replace the maladaptive behavior

- Behavioral approaches
  - Aversion therapy
  - Token economy
  - Fearless peer

- Participant modeling
  - The therapist models a problematic situation and guides the client to cope with it unassisted (e.g., assertion training, behavioral rehearsal)

- Systematic desensitization
  - Clients are taught to relax as they are gradually exposed to what they fear in a stepwise manner (imagined or in vivo)
  - If the client reports anxiety at any point, the therapist interrupts the process and helps him or her relax

1. Pick a focus word or short phrase that's firmly rooted in your personal belief system. For example, a nonreligious individual might choose a neutral word like *one* or *peace* or *love*; a Christian person desiring to use a prayer could pick the opening words of Psalm 23, *The Lord is my shepherd*; a Jewish person could choose *Shalom*.

2. Sit quietly in a comfortable position.

3. Close your eyes.

4. Relax your muscles.

5. Breathe slowly and naturally, repeating your focus word or phrase silently as you exhale.

6. Throughout, assume a passive attitude. Don't worry about how well you're doing. When other thoughts come to mind, simply say to yourself, "Oh, well," and gently return to the repetition.

7. Continue for 10 to 20 minutes. You may open your eyes to check the time, but do not use an alarm. When you finish, sit quietly for a minute or so, at first with your eyes closed and later with your eyes open. Then do not stand for one or two minutes.

8. Practice the technique once or twice a day.

1. You are looking at pictures of dogs in magazines.
2. You are looking at a video of a dog playing with another dog.
3. You are looking at a video of a dog playing with a person.
4. From 100 feet away, you are watching an Irish Setter playing with the therapist.
5. You are approaching the dog and observing the interaction with the therapist from a distance of 50, 25, 10, and 5 feet in successive trials.
6. You are petting the dog.
7. You are playing with the dog.
8. You are allowing the dog to lick you.

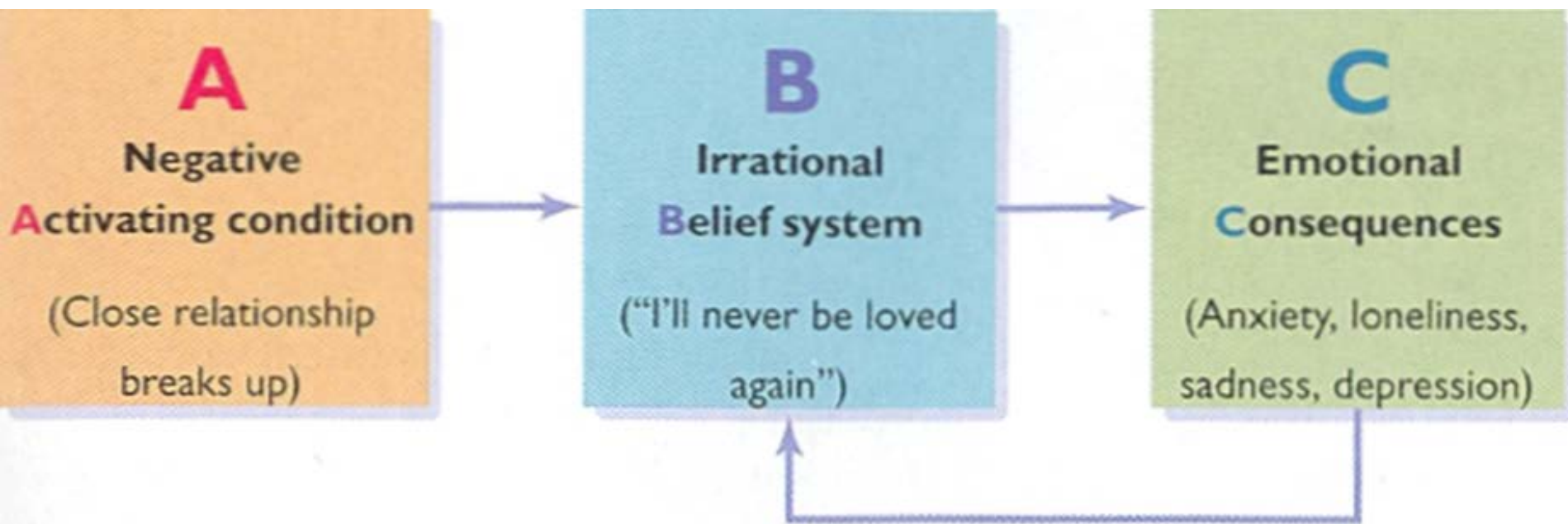A systematic desensitization hierarchy ("anxiety hierarchy")

- Exposure therapy
  - A technique that confronts the client, either suddenly or gradually, with a stimulus that they fear
  - Relaxation training is omitted; to allow the maladaptive response of anxiety or avoidance to extinguish
  - Response prevention (e.g., preventing handwashing for an OCD patient)

COGNITIVE APPROACHES

- Cognitive approaches
  - Approaches that attempt to replace irrational thoughts with more rational, adaptive thoughts
  - Sometimes referred to as cognitive-behavioral therapies as they may involve learning of adaptive behavior

A	B	C
Negative Activating condition (Close relationship breaks up)	**Irrational Belief system** ("I'll never be loved again")	**Emotional Consequences** (Anxiety, loneliness, sadness, depression)

Cognitive approaches assume that anxiety, depression, and other negative emotions stem from irrational thinking (e.g., "I will never be loved anymore"). Debunking the irrational thoughts is the goal.

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- Rational emotive behavior therapy
  - Attempts to restructure a person's belief system into a more realistic, rational, and logical set of views by challenging dysfunctional beliefs

Martha: The basic problem is that I'm worried about my family. I'm worried about money. And I never seem to be able to relax.

Therapist: Why are you worried about your family? What's to be concerned about? They have certain demands which you don't want to adhere to.

Martha: I was brought up to think that I mustn't be selfish.

Therapist: Oh, we'll have to knock that out of your head!

Martha: I think it is a feeling that I was brought up with that you always have to give of yourself.

Therapist: That's a belief. Why do you have to keep believing that—at your age? Your parents indoctrinated you with this nonsense, because that's their belief…Who needs that philosophy? All it's gotten you, so far, is guilt.

An example of rational emotive behavior therapy

- Cognitive therapy
  - Less confrontational than rational emotive behavior therapy
  - Therapists play the role of teacher, guiding clients to obtain information on their own that will lead them to discard their irrational thinking

Case Study, Therapy Session: "My Husband Doesn't Love Me Any More"

PATIENT: My husband doesn't love me any more.

THERAPIST: That must be a very distressing thought. What makes you think that he doesn't love you?

PATIENT: Well, when he comes in in the evening, he never wants to talk to me. He just wants to sit and watch TV. Then he goes straight off to bed.

THERAPIST: OK. Now, is there any evidence, anything he does, that goes against the idea that he doesn't love you?

PATIENT: I can't think of any. Well, no, wait a minute. Actually it was my birthday a couple of weeks ago, and he gave me a watch which is really lovely. I'd seen them advertised and mentioned I liked it, and he took notice and went and got me one.

THERAPIST: Right. Now how does that fit with the idea that he doesn't love you?

PATIENT: Well, I suppose it doesn't really, does it? But then why is he like that in the evening?

THERAPIST: I suppose him not loving you any more is one possible reason. Are there any other possible reasons?

PATIENT: Well, he has been working very hard lately. I mean, he's late home most nights, and he had to go in to the office at the weekend. So I suppose it could be that.

THERAPIST: It could, couldn't it? How could you find out if that's it?

PATIENT: Well, I could say I've noticed how tired he looks and ask him how he's feeling and how the work's going. I haven't done that, I've just been getting annoyed because he doesn't pay any attention to me.

THERAPIST: That sounds like an excellent idea. How would you like to make that a homework task for this week? (From Fennell, 1989.)

An example of cognitive therapy

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- Cognitive bias modification
  - People vary in how they interpret ambiguous events and whether they attend to negative or positive stimuli
  - Attempts to change maladaptive cognitive styles through systematically practicing an alternative style

A socially anxious person might focus all his/her attention on the single bored face. Cognitive bias modification can help the person develop a more adaptive cognitive style.

Participants completed a task in which they searched for a smiling face in a matrix. Compared to control participants who searched for flowers, repeated sessions of this training reduced rated work stress and led to lower cortisol levels (Dandeneau et al., 2007).

OTHER APPROACHES

- Psychoanalysis
  - Freudian psychotherapy in which the goal is to release hidden unconscious impulses, conflicts, and memories in order to reduce their power in controlling behavior
  - Usually intensive, lengthy

- Interpersonal therapy
  - Short-term therapy that focuses on the context of current social relationships, such as conflicts, social skills issues, or role transitions (e.g., divorce)
 - Make concrete suggestions on improving relationships with others

- Family therapy
  - Seeing problems as rooted in the family
  - Works in partnership "with" the family (e.g., improving interactions)

- Group therapy
  - Treats more than one person at a time
  - Efficient, time-saving, less costly, used in various settings (e.g., homes, hospitals, community agencies)
  - Self-help groups: People with similar problems get together to discuss their shared feelings and experiences (with or without a therapist)

EVALUATING PSYCHOTHERAPY

- Effectiveness
  - Generally, therapy brings about greater improvement than does no treatment at all
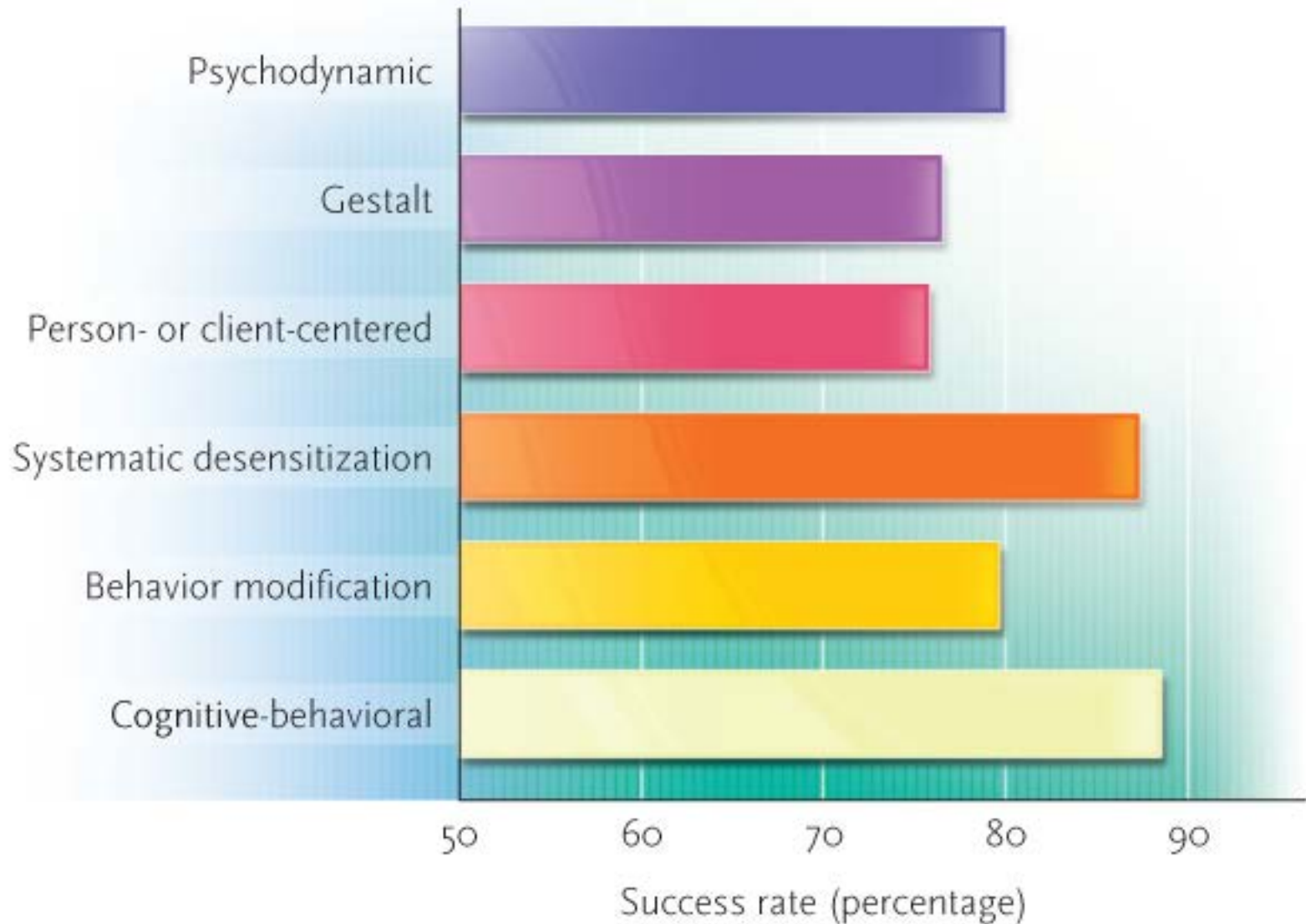
The percentage score shows how effective the treatment is for the average patient than is no treatment. For example, people given cognitive-behavioral treatment score more positively on outcome measures than about 90% of untreated people (Smith et al., 1980).

- Effectiveness
  - Certain common factors are responsible for the improvement generated (Frank, 1961)
  - e.g., listening with empathy, instilling hope, offering new ways of thinking, feeling and behaving, connecting with others

- Computer-based psychotherapy
  - Prevalence of psychological disorders and the barriers for seeking treatment (e.g., access, stigma)
  - Computer-based interventions deliver services or training (Price et al., 2014; Teachman, 2014)

An example of computed-based psychotherapy. The mother, while playing with the child, wears a wireless Bluetooth earpiece to receive the therapist's live coaching and feedback (Comer et al., 2015).

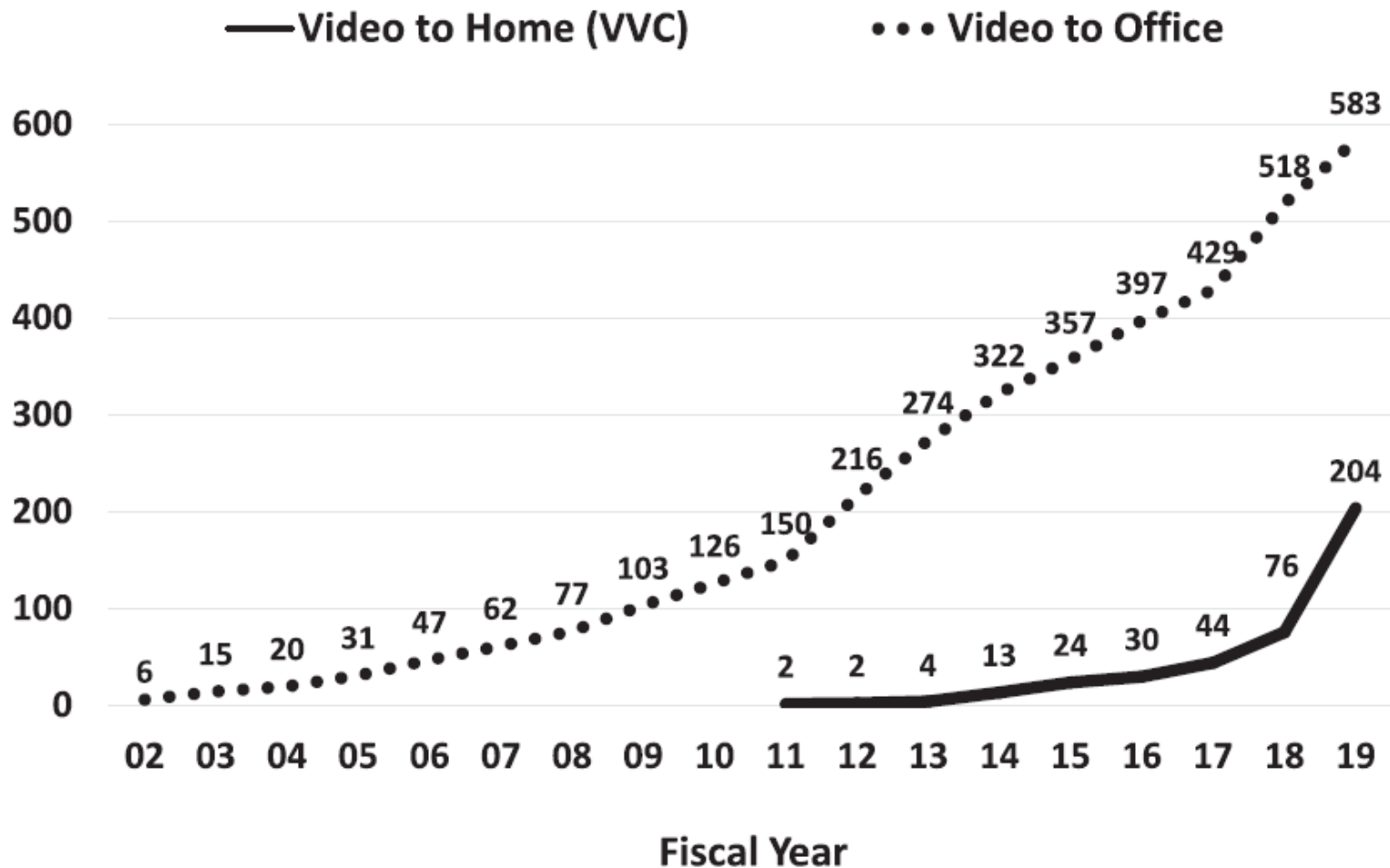**VHA Video Mental Health Encounters (Thousands)**

Video to Home (VVC) ••• Video to Office

Data points (Video to Office): 6, 15, 20, 31, 47, 62, 77, 103, 126, 150, 216, 274, 322, 357, 397, 429, 518, 583

Data points (Video to Home): 2, 2, 4, 13, 24, 30, 44, 76, 204

Fiscal Year: 02 03 04 05 06 07 08 09 10 11 12 13 14 15 16 17 18 19

Figure 1. VHA Mental Health Encounters via Clinical Video Teleconferencing, Fiscal Years, 2002 to 2019. VHA = Veterans Health Administration, U. S. Department of Veterans Affairs; VVC = VA Video Connect.

During the decade before the current pandemic, video telemental health visits in Veterans Health Administration increased eightfold (Rosen et al., 2021).
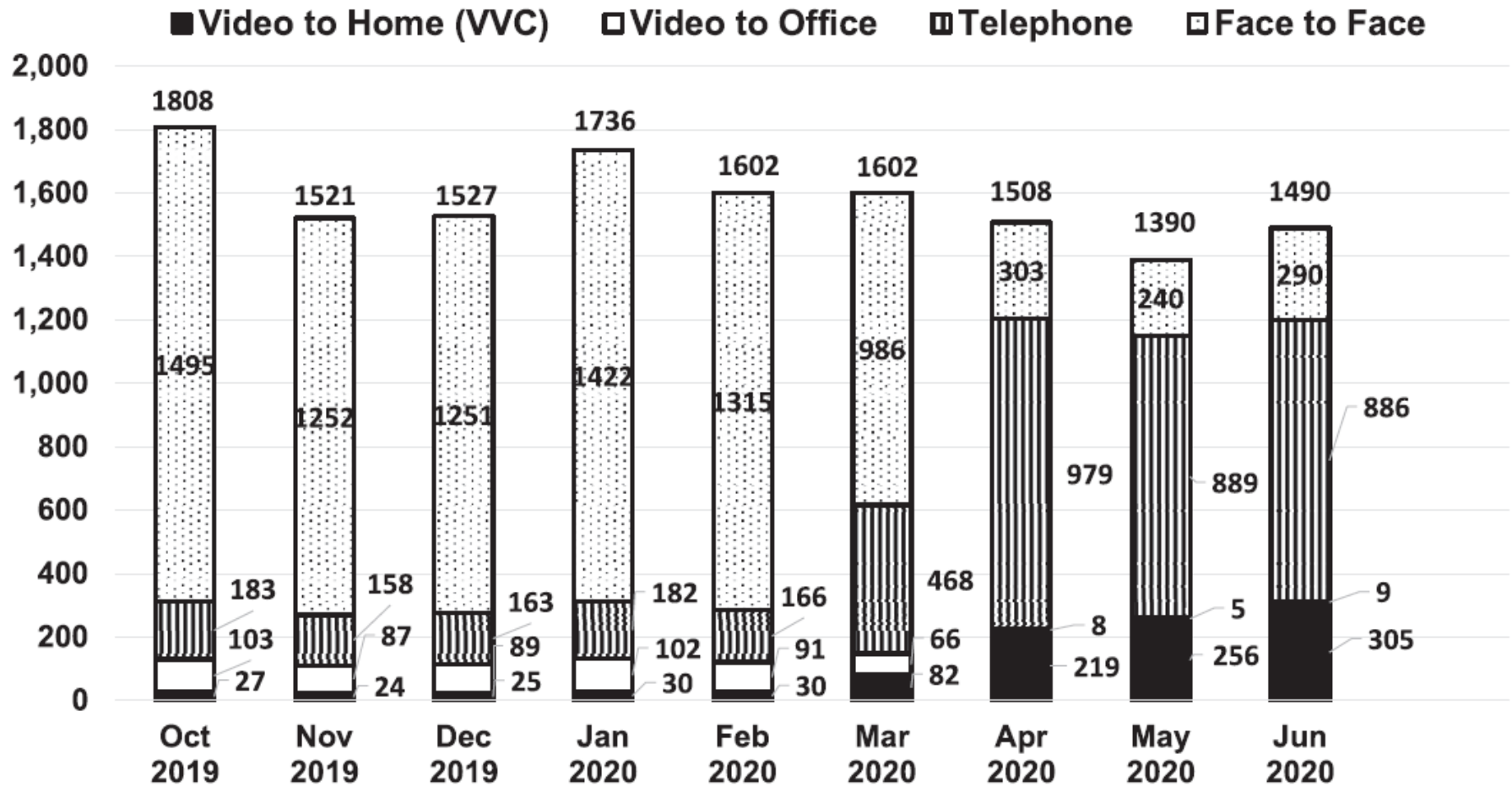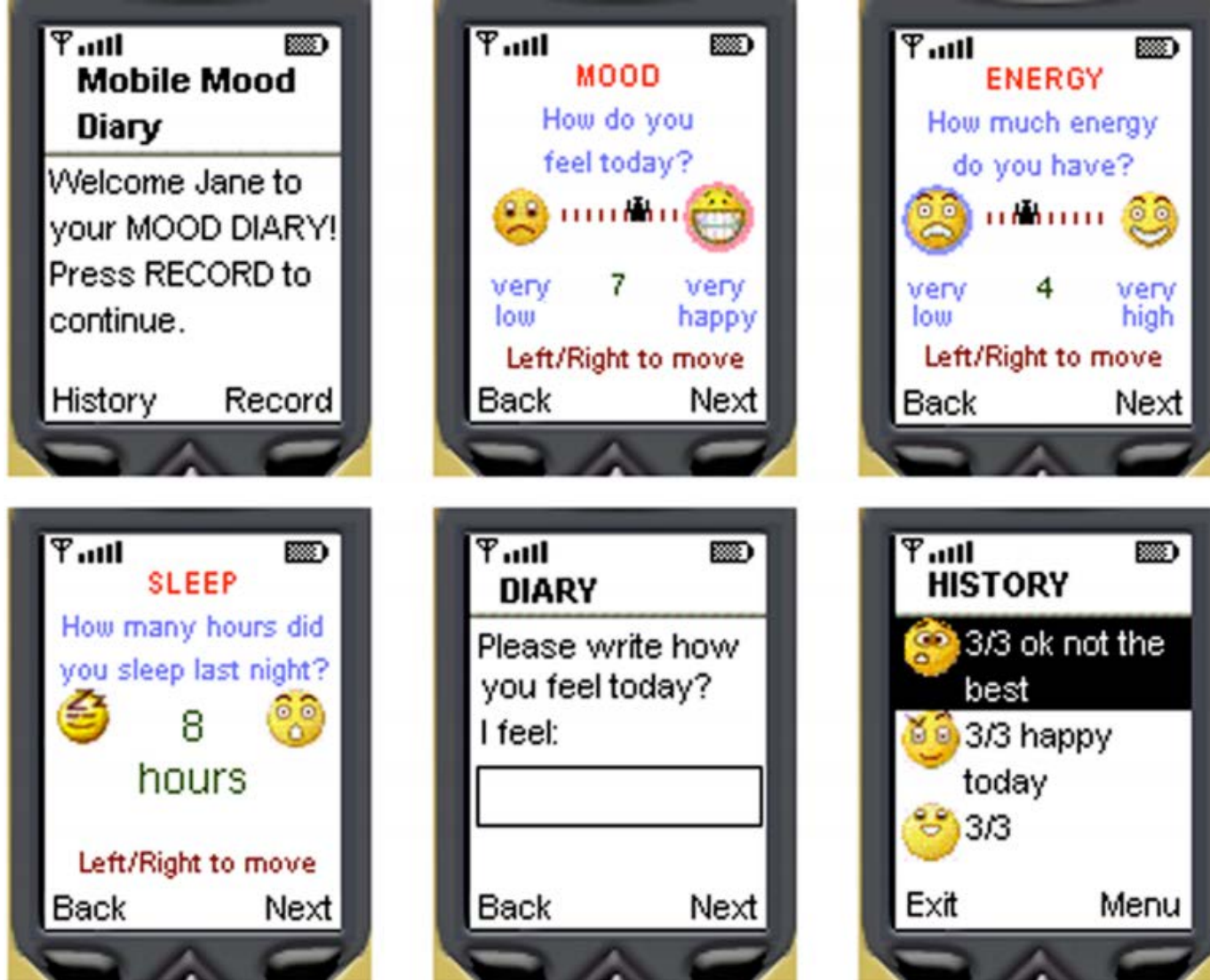
Figure 2. Modality of VHA Mental Health Encounters, October 2019 to May, 2020. VHA = Veterans Health Administration, U. S. Department of Veterans Affairs; VVC = VA Video Connect.

During the pandemic, video telemental health visits in Veterans Health Administration increased by a large extent (Rosen et al., 2021).

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Therapists can use apps to gather information (e.g., mood, sleep quality) about clients and to assign "exercises." Shown above is an app that track the clients' mood-related symptoms daily (Mattews & Doherty, 2011).

The MATRIX: Look for smiles, and click on them as quickly as you can...
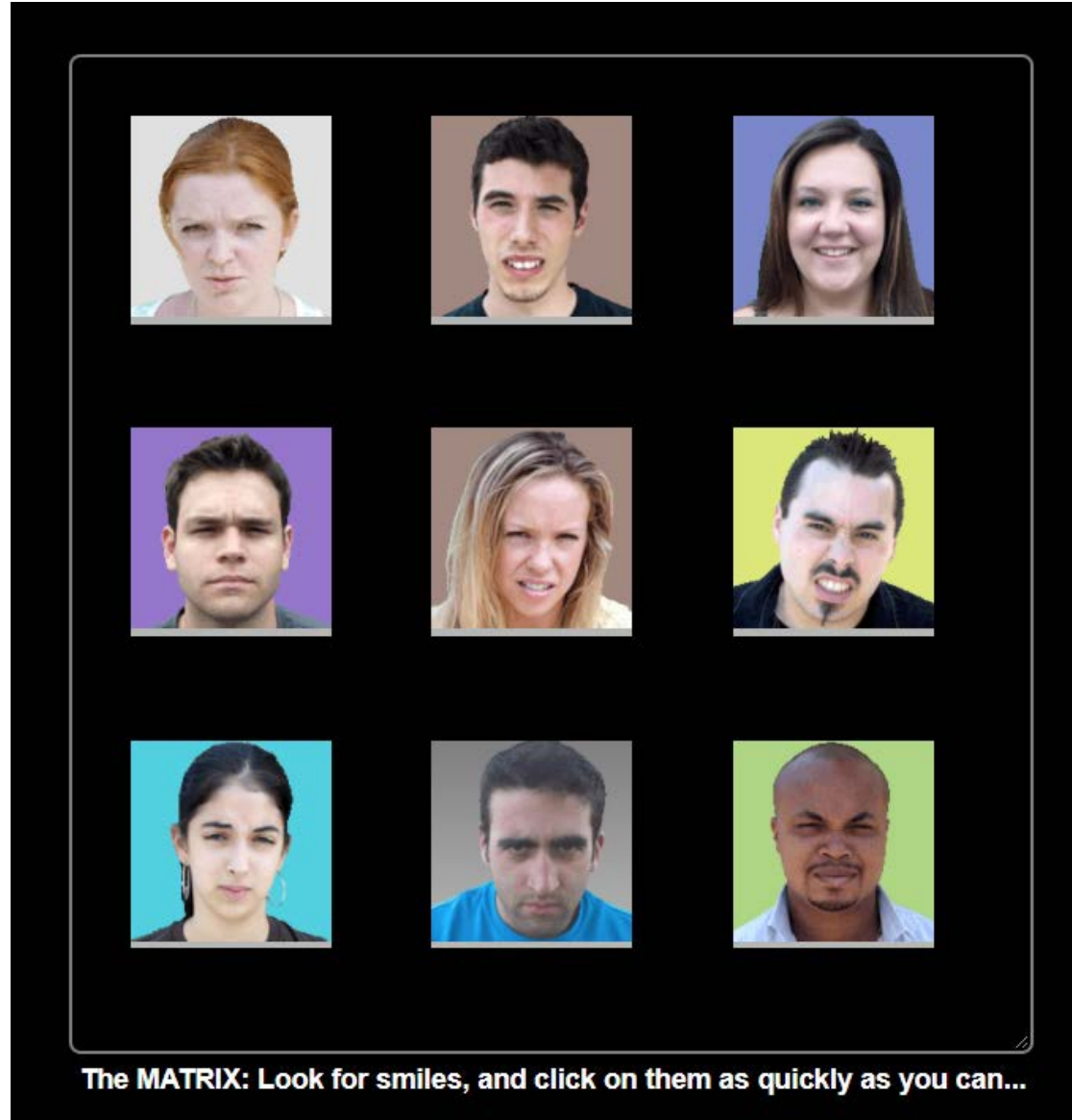
These apps are developed based on the technique of cognitive bias modification. The aim of the games is to train a person's brain to focus more on positive or desirable information in everyday life.
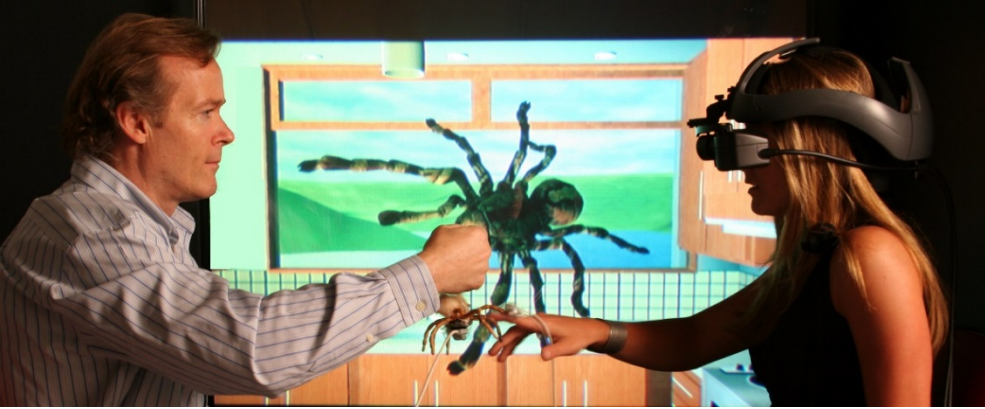
In virtual reality exposure therapy, therapists can provide exposure to lifelike experience of fear-provoking situations (Parsons & Rizzo, 2008).