

Science of Psychology

PSY W1001 Section 2
MW 8:40-9:55 Fall 2012



Monday, December 3
Treatment

Announcements

- Exams can be picked up during office hours
 - Your grades will not appear online unless you pick up your exams.
- Written assignment grading is underway
 - Grades will be available online by 5pm on Monday, Dec. 10
- Check Courseworks for dates and times for Q&A sessions for the upcoming exam
 - Q&A sessions for final exam will be posted next week.
- Any questions?

Disorders

- Where to get help
 - **Counseling and Psychological Services**
 - 8th floor, Lerner Hall (212) 854 2878
<http://www.health.columbia.edu/docs/services/cps/index.html>
- When to get help
 - Whenever you think you might benefit
 - Would you go to the doctor if you thought you had pneumonia?

Bipolar Disorder

- **Bipolar disorder**
 - an unstable emotional condition characterized by cycles of abnormal, persistent high mood (mania) and low mood (depression)
 - Approximately 1.3% of people suffer
 - Rapid cycling bipolar disorder
- Bipolar disorder has the highest heritability (polygenic) among the psychological disorders.
- Biological causes (specific neurotransmitters) are difficult to substantiate.
- Stressful life experiences often precede episodes.
- Link between BPD and SCZ?

Dissociative Disorders

- **Dissociative identity disorder (DID):**
 - the presence within an individual of two or more distinct identities that at different times take control of the individual's behavior
 - .5% - 1% of the population suffers; female to male prevalence 9:1
- **Dissociative amnesia**
 - the sudden loss of memory for significant personal information
- **Dissociative fugue**
 - the sudden loss of memory for one's personal history, accompanied by an abrupt departure from home and the assumption of a new identity
 - Dissociative amnesia and fugue usually occur later in life and memory loss may be temporary.

Final Word on Disorders

- Severity can range from mild to complete impairment
- Treatments can vary
 - Success is not assured, but is likely for most disorders
- Disorders affect families as well as individuals
 - Don't try to treat alone

Treatment of Disorders

- Why people need treatment
- Personal costs
 - interfere with life
 - symptoms worsen
- Social and financial burdens
 - affects family life, work, relationships
 - estimated financial burden of 42.3 million annually



Getting Help to Those Who Need It

- Why people cannot or will not seek treatment:
 - may not believe disorder needs treated
 - barriers present access to treatment
 - don't know enough about treatment to be able to get it
- Beliefs may keep someone from seeking treatment

Approaches to Treatment

- Psychotherapy
 - interact with psychotherapist
- Medical/Biological
 - disorder is treated with drugs or surgery

Psychodynamic Therapy

- Psychodynamic therapy—defined
- Psychoanalysis
 - conversion disorder
- How can therapist develop insight?
 - free association
 - dream analysis
 - interpretation
 - analysis of resistance

Psychodynamic Therapy

- Dream analysis
 - disguised clues to unconscious
- Interpretation
 - decipher meaning underlying what client says or does
- Analysis of resistance
 - present interpretations to client and assess resistance
 - resistance might mean the interpretation “hits close to home”

Behavioral and Cognitive Therapies

- Approaches now usually integrated—cognitive behavioral therapy (CBT)
- Behavior therapy
 - applying principles of learning to change problems
- Aversion therapy
 - eliminating unwanted behaviors— positive punishment

Behavioral Therapy

- Promoting desired behaviors
 - token economy
 - Addiction treatment
 - Anorexia nervosa treatment
- Eliminating unwanted emotional responses
 - exposure therapy
 - confronting an emotion-arousing stimulus directly and repeatedly, ultimately leading to a decrease in the emotional response
 - Exposure with response prevention
 - systematic desensitization
 - client relaxes all the muscles of his or her body while imagining being in increasingly frightening situations
 - virtual reality therapy

Cognitive Therapy

- Emphasize the “meaning” of an event
- Albert Ellis—rational emotive behavior therapy
 - therapist points out errors in client’s thinking
- Cognitive restructuring
 - question the automatic beliefs, assumptions, and predictions that often lead to negative thinking with more realistic and positive beliefs
- Mindfulness meditation
 - Teaching to be fully present in each moment;
 - aware of thoughts, feelings, and sensations
 - detect symptoms before they become a problem

Behavioral and Cognitive Therapies

- Cognitive behavioral therapy
 - some behaviors cannot be controlled through rational thought
 - focuses on dysfunctional thoughts and maladaptive behaviors
- Aspects of CBT
 - problem focus
 - structured
 - transparent
 - flexible

Humanistic and Existential Therapies

- People are good, so find the good in the client
 - Emphasize natural tendency to strive for personal improvement
- Person-centered therapy (Rogers)
 - client can determine therapy goals
 - empathy
 - unconditional positive regard
- Gestalt therapy
 - become aware of thoughts , behaviors, experiences, and feelings and to “own” or take responsibility for them

Group Therapy

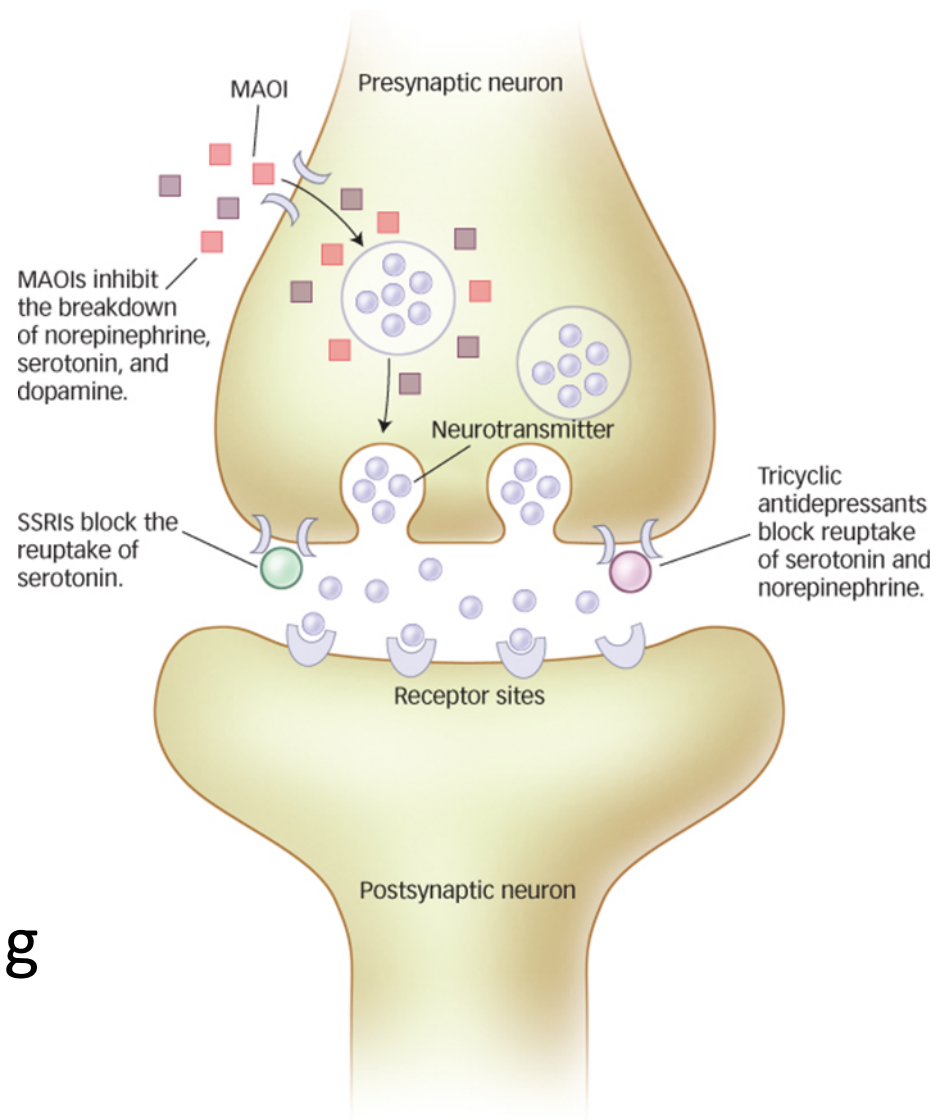
- People with same issues work together
 - Grief counseling
 - Development of family issues
 - Children with disabilities
 - Parents with aging problems
- Might benefit more interacting with other clients interacting with the therapist
 - built-in set of peers
 - not alone in one's suffering
 - role models for appropriate behavior

Medical and Biological Treatments

- Neuroleptics (haloperidol)
 - Typical and atypical
 - Antipsychotic medications
 - completely changed the way schizophrenia was managed
 - work well for positive symptoms but not negative
- Psychopharmacology (typical neuroleptic drugs)
 - block dopamine receptors in mesolimbic areas—associated with positive symptoms such as delusions and hallucinations
- Atypical antipsychotics
 - appear to affect both dopamine and serotonin receptors
 - work on positive and negative (a bit) symptoms

Other Psychoactive Medications

- Anxiolytic Medications
 - Facilitate the action of GABA
- Antidepressants and Mood Stabilizers
 - MAO-I
 - Tricyclic
 - SSRI and SNRI
 - Why does it take so long to be effective????



Study Questions

- What is the difference between a disorder and “being normal”
- Why do people fail to seek treatment for disorders?
- What are the two main approaches to treatment?
- Why do people need treatment for disorders? What are the personal, social and financial costs of psychological disorders?
- Compare and contrast psychotherapy with medical/biological treatments.
- Describe each of the following approaches to psychotherapy, including basic theoretical approach and the practical application: psychodynamic, behavioral, cognitive, cognitive-behavioral, humanistic, and existential. Give some examples of the kinds of techniques used for each and be able to recognize a technique as belonging to that type of therapy (for example, dream analysis is used in psychodynamic therapy).
- How is group therapy different from individual therapy (your answer should include more than the one vs. several part of the answer)
- What is a neuroleptic drug? Where does it act? What is the neurotransmitter affected by this drug? Is it an agonist or antagonist? What are the side effects? How effective is it? You should be able to answer these questions for each of the psychoactive medications discussed.