**Treatment (of Disorders)**

Types of Treatment:

Psychological Approaches:

* Behavioural
* Cognitive
* Insight-Oriented

Biomedical Approaches

* Drugs
* ECT
* Surgery

Prevention

Note Various Case Studies

Behavioural Therapy

Focus: changing observable, measurable behaviours

* Techniques based on classical conditioning

Systematic Desensitization combined with progressive muscle reaction—/like *foot in the door*

Case study: Su’s dog

Exposure (i.e. flooding)

Techniques based on Operant Conditioning:

* Behaviour modification
* Token Economies and other reward systems

Observational Learning

Cognitive Therapy

Focus: Thoughts or feelings rather than behaviours

Rational-Emotive Therapy (Ellis)

* Activating event –> Beliefs –> Consequences –> Dispute –> Effect –> Further Action (ABCDEF)
* Cognitive distortions (e.g. Dichotomous thinking, Mental Filter, Mind reading)

Beck’s Cognitive Therapy

* Cognitive restructuring of Dysfunctional beliefs (*why do you think you’re 20lbs overweight when you’re actually 20lbs underweight)*

Insight-Oriented Therapy (Freud’s Method)

Psychoanalysis

* Freudian—I.e. what are the sexual motivations for whatever you’re doing; what was fucked up in your childhood development
* Identify unconscious motivations via free association, dream analysis, talk

Psychodynamic Theory

* Similar to psychoanalytic therapy, but less frequent, less emphasis on sexual drives
* Childhood experiences as influential
* Resistance

Underlying Assumptions about psychoanalysis and psychodynamic approaches

* Provider-centred (doctor knows best)
* Internal, unconscious conflicts
* Adult issues because of unresolved childhood issues
* People are inherently evil or bad (i.e. riddled with conflict)

Humanistic Therapy (Carl Rogers)

* Client-oriented therapy (guide them, because they have the keys to their own treatment)
* Incongruence
* Be more acceptive of their real self

Existential Perspective (Rollo May)

* What is going on NOW?
* Focus on present moment

Gestalt Therapy

* Whole is greater than the sum of its parts

Underlying assumptions about Humanistic and Existential and Gestalt perspectives: It’s client oriented so the goal is to help them find the solutions to their problems, employs self reflection. Therapists aren’t sympathising (feeling bad for the person), they are empathising. Unconditioned positive regard. People are inherently good and want to get better.

Psychotherapy Integration:

Combining Techniques (technical eclecticism)—most therapists are eclectic

* Do what works

Psychotherapy is effective when

* Trust between patient and therapist
* Creates a good rapport (empathy, caring)
* Builds Hope
* Gives a new perspective

Psychopharmacology

Mood Disorders

* Serotonin alterations—TCAs, SSRIs (Prozac, Zoloft, Paxil
* Serotonin and Norepinephrine alterations—MAOIs, SNRIs (Effexor
* St John’s Wort
* Lithium

Anxiety

* Benzodiazepines (Xanax, Valium)
* Anti-depressants

Schizophrenia

* Anti-psychotic medications