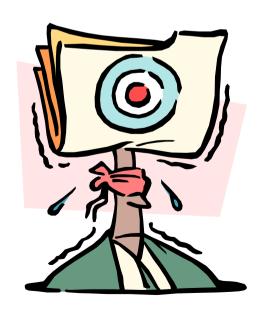
Psychotherapy

Teaching and Research office of Psychiatry, West China medical school S.U.

Question 1:

What is the psychotherapy?



What is the psychotherapy?

n A psychotherapist and a client meet in a professional setting to help the client solve a problem (often a mental or emotional problem) by communicating verbally and nonverbally.



n Supportive:

build on strength, shore up weakness without altering basic coping patters face-to-face treatment

n basic elements:

positive regard

Encouragement, advice,

Education, disapproval of actions

Not criticize/ blame the person



n Expressive therapy

- help patients access to previously unrecognized aspects of themselves
- emphasizes self-discovery
- Therapist more reserved and quite
- Avoid supportive interventions
- Emphasize questioning and interpreting

Psychotherapeutic intervention techniques (1) **n** Interpretation: make sth. conscious that was previously unconscious (feeling, thought, behave or symptom) therapist's ultimate decisive instrument.

Psychotherapeutic intervention techniques (2)

n Confrontation:

address sth.the patient done not want to accept or identifies the patient's avoidance or minimization.



n Clarification:

Help the patient articulate sth. that is difficult to put into words. no denial or minimization



n Encouragement to elaborate

a request for information about a topic brought up by the patient.

open-ended questions:

"What comes to mind about that?"

more specific request:

"Tell me more about your father?"



n Empathic validation

a demonstration of the therapist's empathic attunement with the patient's internal state.

"I can understand why you feel depressed about that."

"it hurts when you are treated that way"

Psychotherapeutic intervention techniques (6)

n Advice and praise

direct suggestion to the patient regarding how to behave

Praise reinforces certain patient behaves by expressing overt approval of them

"I think you should stop going out with that man immediately."

"I am very pleased that you were able to tell him that you would not see him anymore."



n Affirmation:

succinct comments in support of the patient's comments or behaves

"Uh- Huh"

"yes, I see what you mean."



- n Sigmund Freud firstly developedn Theories:
 - The topoghraphical model:
 - Conscious, preconscious, unconscious
 - The structural model
 - Id, ego, superego
 - Defense mechanisms



n Duration

3-5 times weekly ,3-5 years expensive, long time

n Setting

lie on a couch or sofa therapist sits behind



n Fundamental rule of psychoanalysis completely honest tell everything without selection



say whatever come to mind

difficult: embarrass, concert what therapist thinks, resistance of saying whatever comes to mind.

T: try to understand the P's obstacles in complying with the basic rule

n Transference:

the displacement of attitudes and feelings originally experienced in relationships with people from the past onto the analyst. help P gain insight into the underlying wishes and conflicts in transference.



unconscious ideas or impulse are repressed and prevented from reaching awareness because they are unacceptable to consciousness.

P: withhold relevant information, silent, late, missing appointment

T:Undoing resistance and interpreting transference



- n Have a genuine wish to understand self, not desperate hunger for symptomatic relief.
- n Have a reasonable mature superego
- n At least average intelligence
- n Can think abstractly and symbolically



- n Poor impulse control
- n Inability to tolerate frustration and anxiety
- n Low motivation to understand
- n Extreme dishonest
- n Antisocial personality
- n In the midst for a life crisis, eg. job loss
- n Serious physical illness



- n Based on understanding the dynamic unconscious, defense mechanism, transference
- n Biopsychosocial factors: genetics, stress, are also important
- n More focused, briefer once a week, face to face, more open

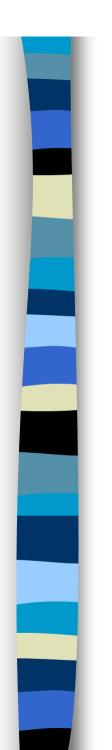


n Example:

A man, take medication to treat hypertension, develop depression,

perceives his wife as involving him.

Projection of his depressive lake of selfregard. n In a psychotherapy, use expressive and supportive techniques together.



What did we learn in the last class?

- Definition of the psychotherapy
- n Supportive and expressive therapies
- n Intervention techniques (7)
- n Psychoanalysis and psychodynamic therapy





- n Leaning theory
 - Classical conditioning
 - Operant conditioning

All behaviors has been learned, undesirable behavior can be learned and desirable behavior relearned in its place.

Behavior analysis of clinical problems

- What are the problems and goals for therapy?
- How can progress be measured and monitored?
- Mhat environmental contingencies are maintaining the problem?
 - stimuli, reinforcer
- Mhat inventions are likely to be effective?
 Specific techniques



- n Developed by Joseph Wolpe
- n Approaching a feared situation gradually to overcome anxiety
- n Prepare a graded list of fear
- n Relaxation training
- n Desensitization of the stimulus.



- n Yoga, Zen, etc,
- n Progressive relaxation relax major muscle groups in order hypnosis, tape, mental imagery



- n Determine all the condition which leads to anxiety
- n Create a list of 10-12 scenes in order of increasing anxiety
- n Eg. Acrophobic hierarchy standing near a window on 2nd floor—on the roof of a 20-story building



- n Phobia
- n Obsessions
- n Compulsions



n How to treat a spider/ snake /dog phobia?



- n Similar to systematic desensitization
- No relaxation training



- n Escaping from an anxiety-provoking experience reinforces the anxiety through conditioning.
- n Encourage P to confront feared situations directly
- n Some P refuse to do it
- n Contraindication: intense anxiety would be hazardous (e.g.heart diseases)
- n Best for specific phobia



- n To have confidence and sufficient selfesteem to express their opinions
- n how to response appropriately in social situations,
- n To express their opinion
- n To achieve their goals

Techniques:Role modeling, desensitization, positive reinforcement (reward)



- n Shopping,
- n Looking for job,
- n Interacting with other people
- n Overcoming shyness

Aversion therapy

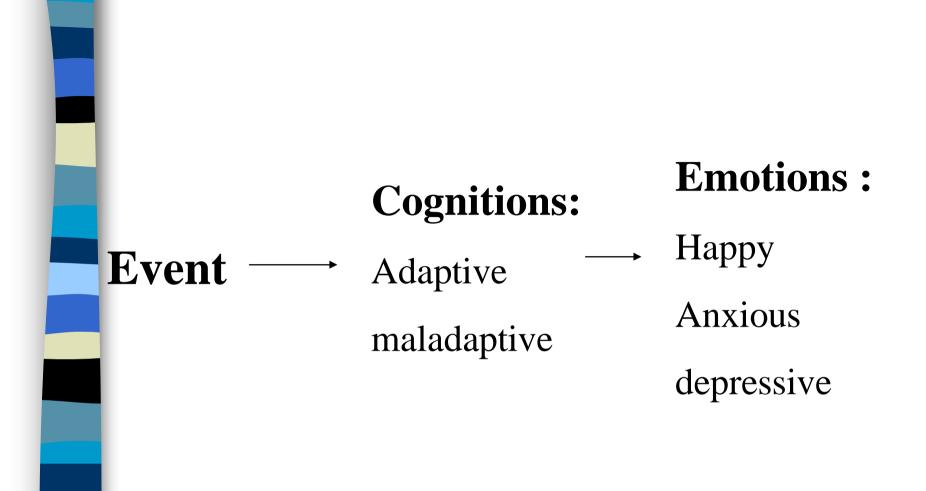
Noxious stimuli (punishments):

- n Electric shocks, substances that induce vomiting, etc.
- n Noxious stimulus is presented immediately after a specific behavior response, the response is suppressed or extinguished.
- n Used in :alcohol abuse, some sexual disorder voyeurism

Cognitive Therapy



- n Cognitions influence our moods, just as moods can affect our cognitions.
- n Anxiety and depression can result from maladaptive cognitions.
- n Cognitions can be changed to foster comfort and adaptation.





- n One day, you found you lost 50 Yuan, What are your reactions? Why?
- n You failed in an exam.
 What are your reactions? Why?





n A social phobia patient

Cognitive errors of social phobia

n Perfectionism:

- unrealistic expectations of perform perfectly or anxiety-free;
- Fear of making mistakes
- Fear of taking risking
- n Black or white: success or failure without consideration of the possibilities in between

Cognitive errors of social phobia

- n Focusing on exaggerating minor negative aspects of an experience so that the perception of the entire situation is negative
- n Discounting or minimizing positive experiences by attributing them to external factors, rather than giving yourself credit for accomplishments

Cognitive errors of social phobia

- n Drawing wrong conclusions based on limited information; assuming that you know others perceive you
- n Too much Self-criticism
- n Over concern with others' perceptions of you, self-preoccupation with the assumption that you are the center of attention



- n Once a week
- n 8-20 weeks
- n Face to face, open, friendly,
- n Keep track of cognitions,
- n Find the maladaptive cognitions
- n Teach new cognitions



- n Brief
- n Inexpensive
- n Easily learned
- n Standardized
- n Suitable for : depression, anxiety disorder

Supportive psychotherapy



- n Focus on strengths,
- n Provide guidance
- n Does not interpret defense or transference
- n Can be brief
- n Inexpensive
- n Less demanding



n A 60 years old man is going to have an operation tomorrow morning, he is very anxious, restless and cannot go to sleep.



- n Crises---supportive therapy
- n Depression, anxiety disorder, phobia----psychodynamic, cognitive, behavior therapy
- n Personality disorder psychoanalysis (best)
 - cognitive therapy, supportive therapy, behavior modification more focused



n Combined with other treatments:

- pharmacotherapy
- Family therapy
- Group therapy
- Etc.

Psychotherapy Part III



Group Psychotherapy



What is a group psychotherapy?

- n A treatment in which carefully selected people meet in a group guided by a trained therapist and help one another effect personality change.
- n By using a variety of technical maneuvers and theoretical constructs, the leader directs group members' interactions to bring about change.

Case

- n A 32 years old single man learned he had AIDS. As his anxiety and depressed grew, he was dismayed to realize many of his family and friends were not supportive. Some were shocked, frightened, or angry. He began feeling isolated and afraid to discuss his situation further.
- n His physician referred him to a group known to its member as the "HIV Positive Club". In this group, he found what was previously alienating had became his password for acceptance, support and advice.
- n Because of the group' interventions, he began to approach others again, and made meaningful future plan.

Heterogeneous and Homogeneous groups

- n Heterogeneous groups: members have varied diagnoses or problems
- n Homogeneous groups: share a common problem. (social phobia, bipolar disorder, schizophrenia etc.) suitable for: poorly motivated, non-

compliant, have highly stigmatized problems (e.g. child abusers)

Open vs.closed groups

- n Closed groups: have a set number and composition of patients. If member leaves, no new members are accepted.
- n Open groups: membership is fluid, new members are taken on whenever old members leave.

Therapeutic mechanisms for group therapy (1) n Universality: know he/ she is not unique, Others share similar difficulties n Group cohesiveness: provide "safety". together toward a common goal;

The sense that the group is working the most important factor related to positive therapeutic effects



- n Acceptance: being accepted by other members of the group
- n Instillation of hope:
- n Altruism: the act of one member's being of help to another
- n Development of socializing techniques: through interactions with others, group members develop and modify social skills

Therapeutic mechanisms for group therapy(3)

- n Imitative behavior: observe others' behavior, struggles, treatments
- n Catharsis: the expression of ideas, thoughts, and suppressed materials that is accompanied by an emotional response that produces a state of relief in the patient
- n Learning: they receive advice, obtain guidance, and attempt to influence and are influenced by other group members.



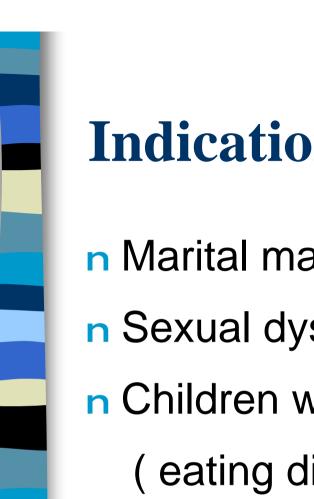
- n Have a screen interview to obtain information
- n Inclusion criteria:
 - Ability to perform the group task
 - Problem areas compatible with goals of group
 - Motivation to change



n Size: 3-15, 8-10 is best

n Frequency and length of sessions once a week, 1-2 hours

Family therapy and Couples therapy



Indications

- n Marital maladjustment
- n Sexual dysfunction
- n Children with certain behavior problems (eating disorder, conduct disturbances)



n Case P137

Family therapy

n Improving group interactions and thereby help each member to function better

Goals of family therapy

- n Resolve or reduce pathogenic conflict and anxiety within the matrix of interpersonal relationship
- n Enhance the perception and fulfillment by family members of one another's emotional needs
- n Promote appropriate role relationships between the sexes and generations

Goals of family therapy

- n To strengthen the capacity of individual members and the family as a whole to cope with destructive forces inside and outside the surrounding environment
- n To influence family identity and values so that members are oriented toward health and growth



Family group therapy: combine several families into a single group.
 share mutual problems, compare their interactions with other families.
 e.g. schizophrenia, parents of disturbed children

Techniques of family therapy

n Paradoxical therapy:

a therapist suggests the P intentionally engage in the unwanted behavior.

create new insights





n Positive connotation:

relabeling of all negatively expressed feelings or behavior as positive

"The child is impossible."

"The child is desperately trying to distract and protect you from what he or she perceives as an unhappy marriages."





Exercise: How to treat them?

n A 18 years old freshman, depressed, because he was disappointed about the life on campus. He was not interested in his study and had difficulties in interpersonal relationship.

Which psychotherapy is suitable for him?



n Cognitive-behavior therapy

n Group therapy

n A 68 years old man, knew he had lung cancer. He could not accept this reality, and wanted to commit suicide.

Which psychotherapy is suitable for him?



n Cognitive therapy

n Transfer to psychiatrist : antidepressant



n a 30-year-old snake phobia female patient

- Behavior therapy
- **u**Psychoanalysis
- uGroup therapy



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