

Chapter 15: Treatment of Psychological Disorders

PSY 100

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Therapy

TREATMENT FOR ABNORMAL
BEHAVIOR LOGICALLY DERIVES
FROM WHAT ONE BELIEVES THE
CAUSE OF THE ABNORMAL
BEHAVIOR TO BE.



Therapy is the art of getting people to change their behaviors



Psychotherapy

- **Psychotherapy and its goals**
 - **goals of psychotherapy**
 - achieving a cure for psychological problems
 - provide support and caring for those who seek help



Psychotherapy

Psychotherapy	Conversation
Focused	Diffuse
Client-Centered	Equally-Centered
Time Limited	Not
Therapist Directed	Take Turns Directing
Only Clients Self-Disclose	Both People Self-Disclose
Power Differential	Equal Power



Psychotherapy

- **Where is psychotherapy done?**
 - Therapist's office
 - Community mental health center
 - Hospitals
 - Schools
 - in the home
 - prisons
- **Who goes to therapy?**



Psychodynamic Therapy

- **Goal:**

- **Catharsis**

- **Techniques**

- **Methods used to get at the unconscious**

- **free association**

- **dream analysis**



Psychodynamic Therapy

■ Manifest content

- The conscious, remembered aspects of a dream

■ Latent content

- The unconscious, unremembered, symbolic aspects of a dream





Psychodynamic Therapy

- Interpretation of reactions
- interpretation of slips of the tongue
- **brief psychodynamic therapy**



Behavior Therapies

- **Classical conditioning methods**
 - **extinction**
 - **Systematic desensitization**
 - **Flooding**
 - **Exposure with response prevention**
 - **Aversion therapy**
 - **Covert sensitization**



Behavioral Therapies

- **Instrumental conditioning**
 - **token economy**
 - **functional analysis**
 - **behavioral contract**
 - **Goal setting**
 - **self-monitoring**



Cognitive-Behavioral Therapy

- Albert Ellis

- Rational Emotive Behavior Therapy

- **A**ctivating Event
 - **B**elief
 - Emotional **C**onsequences
 - **D**isputing
 - New **E**motions

- Aaron Beck

- Cognitive restructuring



Cognitive Distortions

- **All-or-nothing thinking**
- **Overgeneralization**
- **Mental filter**
- **Discounting the positive**
- **Jumping to conclusions**
- **Magnification**
- **Emotional reasoning**
- **Shoulding on yourself**
- **Musterbation**
- **Labeling**
- **Personalization**
- **Blame**



Humanistic Therapy

- **Client-centered therapy**

- **Carl Rogers**

- **Active listening**
 - **Reflection**
 - **Genuineness**
 - **Empathic Understanding**
 - **Unconditional Positive Regard**



Other types of therapy

- **Gestalt therapy**
- **Eclecticism and Integration**
- **Group and family approaches to treatment**



Effectiveness of Therapy

- Eysenck's Decision
- Effectiveness vs. Efficacy
- Consumer Reports
- Meta-Analyses
- Myths about delivering therapy



Drug Therapy

- History
- Lithium—First drug used
- Antianxiety drugs
 - Valium
- Antipsychotic drugs
 - Thorazine
 - Zyprexa

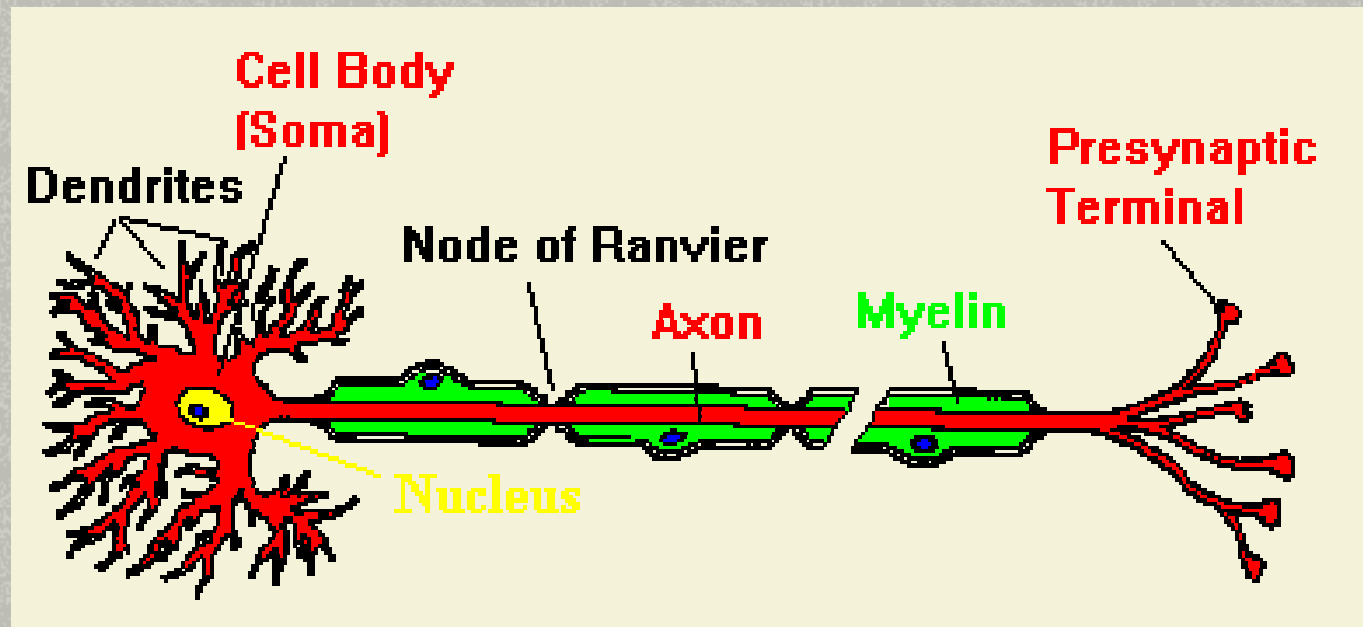


Drug Therapy

- Antidepressant drugs
 - MAO Inhibitors
 - Tricyclics
 - Elavil
 - Mellorill
 - Selective Serotonin Reuptake Inhibitors
 - Prozac
 - Effexor
 - Zoloft
 - Paxil

Drug Therapy

- How SSRIs work:





The Good, The Bad and The Ugly on Prozac

■ Ugly:

- 1999: 10 million U.S. citizens on SSRIs
 - More worldwide
- Antidepressant sales in 2000:
 - 10.2 **BILLION** dollars

■ The Good

- People who use them say that SSRIs work



The Good, The Bad and The Ugly on Prozac

- SSRIs help:
 - Decrease depression
 - Decrease anxiety
 - Decrease symptoms of OCD
 - Decrease symptoms of Eating Disorders
 - Increase self-esteem
 - Increase sluggish thoughts
 - Helps with creativity
 - Decreases disabling sensitivity



The Good, The Bad and The Ugly on Prozac

■ Bad:

- Prozac as poster boy for SSRIs
- No clear evidence that Prozac actually works
- Side effects are worse than reported
- Withdrawal symptoms
- Drug culture
- Brain changes with long-term use of Prozac



The Good, The Bad and The Ugly on Prozac

- Birth defects associated with use
- Looks like an amphetamine, smells like an amphetamine, acts like an amphetamine
 - Do I need to go further?



Electroconvulsive Therapy

- History of ECT
- Still done
 - 100,000 per year
 - 2x as high as 40 years ago
- Effective if done right
 - Most effective with people who have intractable depression



Concluding Thoughts

- Abnormal behavior will always be a part of our culture
- psychologists will always be in demand
- A need to determine the most effective (in terms of time and cost) treatments
- Even if we are unable to help an individual get "better" we have a responsibility that began, once again, with Hippocrates: "Do no more harm."



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