

Chapter 14: Therapy

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.



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

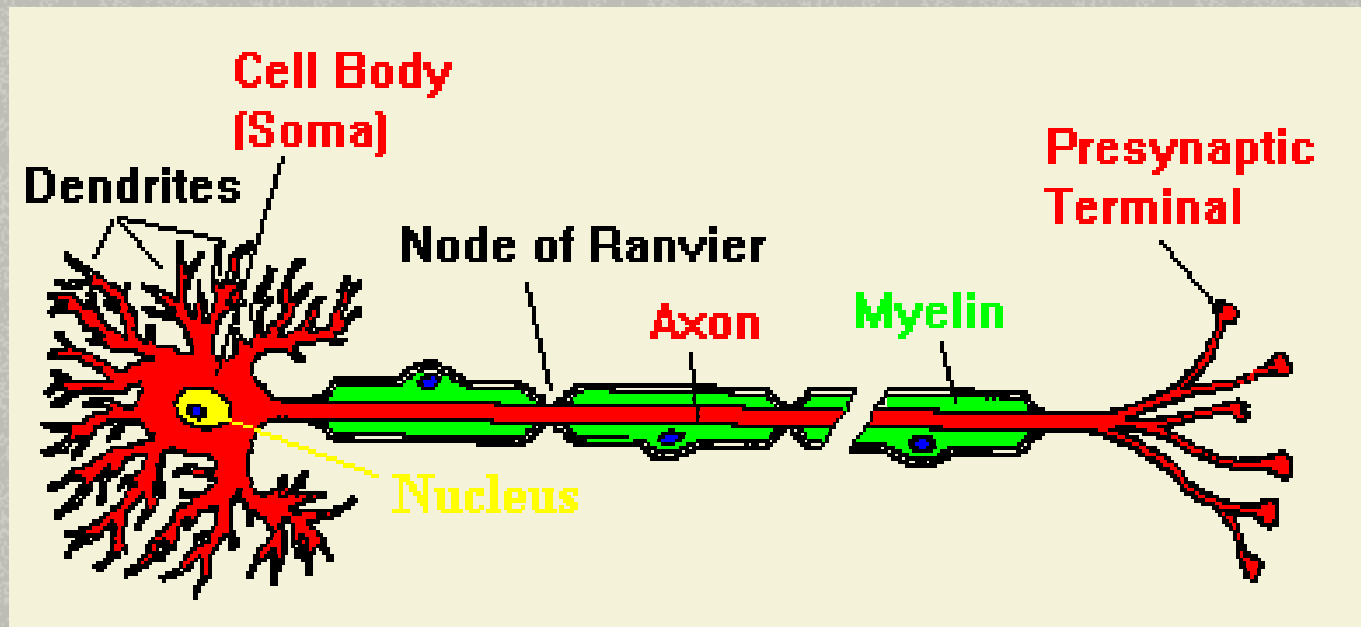


Drug Therapy

- 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."