

Therapeutic Models

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Outline

- What is normal?
- The medical model
- Defining abnormality
- Levels of Analysis
- Biological and medical frameworks
- Drug treatment
- Psycho-education
- Behavioural approaches
- Cognitive behavioural approaches
- Psychodynamic approaches
- Humanistic frameworks
- Systemic frameworks

- SIGNIFICANT PSYCHOLOGISTS
 - Freud, Rogers, Rutter, Beck, Klein, Milan, White

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What is normal?

- It is extremely difficult to avoid value judgments when deciding when someone's psychologically abnormal or disturbed.
 - → Does this mean that disorder is just a matter of value judgment or is there any evidence of factual basis to disorder?
- Psychological abnormality is thought to be essentially like physical abnormality (medical model).
 - view usually held by psychiatrist (medical training).
- Defining abnormality :
 - Deviation from the norm
 - Social conformity
 - Cultural relativity

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The Medical Model 1

- **Historical background**
- Medical Model brought about by GPI

- **General Paresis of the Insane (GPI)** - caused by syphilis, began with weakness in the limbs and proceeded to eccentricity and delusions of grandeur, ending up in almost total paralysis and finally death.
 - → Symptoms similar to *madness*

- However, over course of the 19th C., evidence revealed definite physical basis linked to syphalicitic infection.
 - Effective drug treatments were subsequently developed and GPI eliminated!
 - Therefore of practical importance for sufferers & wider implications...

- → If GPI, a form of madness, had a biological cause and responded to drug intervention then perhaps all mental disorders would follow the same pattern!

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The Medical Model 2

- Psychological disorder thought of in a similar way to physical disorder, supporting the idea that there is a factual basis to defining psychological abnormality or disorder.
 - ⇒ disorder has an underlying biological basis.
- **John Wing** (1978) cites two main criteria for the medical model:
 1. Symptoms of a particular illness should tend to occur together. The person who has one of the symptoms should also tend to have the others, thus supporting the validity of a particular category of illness.
 2. There should be an underlying biological basis for the disorder.
 - → Such criteria met by physical illness
- How well do psychological disorders fit this model?

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Psychological approaches to mental health and distress

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Aims

- To outline the dominant psychological frameworks influential in mental health theory and practice.
- Focus on five frameworks:
 - Biological and medical
 - Behavioural
 - Cognitive behavioural
 - Psychodynamic
 - Humanistic
 - Systemic

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Levels of Analysis

- The frameworks can be seen as located at one of three levels of analysis:
 - Societal
 - Interpersonal
 - Individual
- The individual level has traditionally been the most dominant, with its suggestion that problems of mental health have causes which can be traced to individual factors, e.g.
 - Biological abnormalities or deficits (**biological/medical**)
 - Faulty learning experiences (**cognitive/behavioural**)
 - Emotional traumas (**psychodynamic**)
 - **Systemic/interactional** explorations (family therapy) suggest that mental health problems arise from relationship difficulties, such as conflict and stresses in families.

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Therapies for Ψ Disorders 1

- **Behaviour therapy**
 - Assumes that maladaptive behaviour is based on previous learning and focuses on changing distressing or abnormal behaviour via learning principles. Use techniques such as systematic desensitization, exposure with response prevention, stimulus control, behaviour modification programs, and observational learning.
- **Cognitive-Behaviour therapy**
 - Rests on the assumption that thoughts influence feelings and behaviours. According to this approach, someone experiencing distressing symptoms such as depression has irrational, automatic thoughts that affect feelings and behaviour. The goal of cognitive therapy is to reduce these irrational cognitive distortions.
 - Assume you can affect psychological disorder by working on thoughts, feeling, and/or behaviours

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Therapies for Ψ Disorders 2

- **Psychodynamic therapy**
 - Seeks to help patients become aware of their unconscious motivations, which can cause psychological symptoms. Through insight, they can choose whether to respond to those impulses
- **Client-centered therapy**
 - Focuses on helping clients experience congruence between their real and ideal selves, thereby reducing the clients' problems. The therapist should be warm, empathic, and genuine, and should show unconditional positive regard toward clients. According to this theory, these elements are enough to bring about therapeutic change.
- **Family Systems Therapy**
 - Focuses on the interactions of the family members currently and past to understand current difficulties

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Biological Therapies 1

- View psychological problems as resulting from physical causes, such as defects in the functioning of the brain, other organs, hereditary biological factors, damage or accidents.
 - e.g. Schizophrenia and depression may be linked to particular defects in the brain i.e. deficits in the neurotransmitters which carry signals between brain cells (McKenna, 1987).
- This view carries with it the proposition that mental illness can be identified and classified
 - definable syndromes or clusters of symptoms (DSM-IV/ICD-10)
- Therefore offering a clear picture of development of illness and prognosis.

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Biomedical Therapies 2

- **Psychopharmacology** involves the use of medication to treat psychological disorders.
 - **E.g. Antipsychotic medication** (*neuroleptic medication*) is used to treat schizophrenia.
 - Reduces positive symptoms but does not cure the disorder.
 - Long term use can cause side effects such as tardive dyskinesia.
 - *Atypical antipsychotics* are new drugs that affect dopamine. These drugs affect positive and negative symptoms, with fewer side effects.

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Biomedical Therapies 3

- Problems largely treated at the level of the individual and are in the main determined by the person's biology.
- Treatment is mainly by means of psychotropic (mood-altering) drugs which may help to alleviate symptoms such as distress, confusion or excessive agitation.
- On-going debates:
 - ? value of drug-based treatment e.g. indiscriminate prescription of tranquillisers and anti-depressant drugs.
 - +ve impact – Chronically distressed patients no longer need to be physically restrained and can have more normal lives.
 - -ve impact - LT use of medication can lead to addiction, damaging physical side-effects, psychological dependence and possibly a reduced sense of autonomy and control over one's own life.

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Psychoeducation

- Biological view of causation, BUT recognise a variety of psychosocial factors interacting with illness.
 - Education and advice on ways of recognising and coping with stress.
 - Proposes that mental illness is susceptible to various forms of stress and that the severity of illness is mediated by the level of stress in the person's social environment, in particular the family and other interrelationships.
 - e.g. assisting families through an educational programme to maintain the emotional atmosphere within acceptable limits has been found to reduce the incidence of relapse and the need for re-hospitalisation.

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Behavioural Approach 1

- Techniques are based on classical conditioning, operant conditioning, and social learning principles.
- Assumes that some psychological problems are acquired through learning experiences, and that they are subsequently maintained by the patterns of events (rewards and punishments) in the environment.
- Treatment focus on reversing inappropriate learning experiences which have caused and may continue to maintain or determine the problems.

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Behavioural Approach 2

- Theory
 - Observable, measurable behaviours
- Techniques
 - Systematic desensitization
 - Progressive muscle relaxation
 - Exposure with response prevention
 - Stimulus control
 - Behaviour modification
 - Self-monitoring techniques

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Behavioural Approach 3

- **Systematic desensitisation**
- Joseph Wolpe (1958) – Pioneered work based on well-researched principles of learning, and focuses on changing observable behaviours. Typically used to assist people with phobias, such as excessive fear of spiders, public speaking etc.
- Behaviours themselves are seen as the problem, not just symptoms of some underlying problem.
- Distressing behaviours are seen as the result of faulty learning, not unconscious forces.
- Because problem behaviours are learned, they can be unlearned through conditioning principles and replaced by new, more adaptive behaviours.
- Behaviour therapists are active, directive, and assign “homework.”

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Behavioural Approach 4

- **Systematic desensitisation**
 - Typical consists of the following stages:
 1. Systematic desensitization uses progressive muscle relaxation to induce relaxation in the presence of a feared object or situation - helps the person to become calm, relaxed, and regain control and focus.
 2. Tolerable exposure to the fearful object or situation is presented so that the person remains relaxed.
 3. Exposure with response prevention is another classical conditioning technique used to help clients prevent maladaptive responses to anxiety-provoking objects.
 4. The severity of the stimulus is gradually increased in stages.

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Behavioural Approach 5

- **Behavioural modification**
- Behaviour modification refers to a group of techniques for changing behaviour based on operant conditioning principles.
 - Self-monitoring techniques are used to help clients identify the antecedents, consequences, and patterns of a targeted behaviour.
- This approach has been criticized for not addressing deeper-level issues, and ignoring thoughts, feelings and motivations.

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Behavioural Approach 6

Changing Behaviour - Which behaviour?

- Define the problem objectively
 - Clear behavioural referents for problem
 - Frequency, intensity, severity of behaviour
- Set up a testable hypothesis to account for behaviour
 - Primarily via functional analysis
 - Developmental factors can be taken into account, i.e. at a cognitive level or functional level etc.
- Test hypothesis (via intervention)
 - Contingency management techniques
 - Baseline data collection
- Evaluate outcome
 - Comparison of baseline and outcome data

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Behavioural Approach 7

- **Why Define Objectively?**
- Definition that will allow measurement of change
- Formulate discreet, short-term and long-term goals
 - Change can be longer term process
 - e.g. won't eat/not interested in food
 - extend food within the same colour\texture range
 - extend colour range – same texture
 - extend textures – same colours
 - Hold and encourage parent during that process
- Multi-problems need to be tackled individually
 - The globalisation allows parents to prioritise
 - Success in one area encourages both parents and child

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Behavioural Approach 8

- Formulating hypothesis based on Functional Analyses
 - i.e. behaviour is causally linked to precipitants and consequences within any given sequence of events.
 - Antecedents A
 - Behaviour B
 - Consequences C
- *Example*

□ Mother	<i>Tidy your room</i>	A
□ Child	<i>Whines (doesn't do so)</i>	B
□ Mother	<i>Stops asking</i>	C

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Behavioural Approach 9

- Short-term consequences
 - Mother experiences relief from aversive event – whining ceases
 - Child experiences relief from aversive event – demand ceases
 - In the short-term, everybody wins, BUT...
- Long-term consequences
 - Mother less likely to ask child to clear room in future
 - Child more likely to whine when asked to do so
 - Aversive cycles can escalate, resulting in physical/verbal abuse
- Hypothesis (within a functional analysis framework)
 - Child's non-compliance is being maintained by negative reinforcement.
- Suggests
 - Withdraw reinforcement for negative behaviours
 - Introduce reinforcement for positive behaviours

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Cognitive Behavioural Therapy 1

"Men are disturbed by things; but by the views which they take of them"

(Epictitus, 100AD)

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Cognitive Behavioural Therapy 2

- CBT was developed by Ellis (RET) and Beck (CBT), focusing on the client's thoughts and feelings in relation to behaviour.
- Aims to identify cognitive distortions that interfere with healthy functioning, such as cognitive distortions.
- Beck's cognitive therapy also makes use of a daily record of dysfunctional thoughts.
- Cognitive restructuring is also used to help shift their thinking in a more positive, realistic way.
- Therapists also engage in psychoeducation of clients.

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Cognitive Behavioural Therapy 3

- A basic explanation
 - Individual encounters world: A series of positive and negative events.
 - Thoughts: You interpret events with a series of thoughts that continually flow through your mind, this is called your "internal dialogue".
 - Mood: Your feelings are created by **your thoughts** and not by actual **events**. An experience must be processed through your brain and given a conscious meaning **before** you experience any emotional response.

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Insight-Oriented Therapies

- Insight-Oriented Therapies aim to remove distressing symptoms by leading people to understand their causes through deeply felt personal insights.
 - Psychoanalysis
 - Psychodynamic therapy
 - Ego Mastery therapy
 - Humanistic therapy

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Psychoanalysis

- Developed by Freud and is based on the idea that psychological difficulties are caused by conflicts among the id, ego, and superego.
- Its goal is to help patients understand the unconscious motivations that lead them to behave in specific ways.
- Freud's methods included
 - free association
 - hypnosis
 - dream analysis.
- Its popularity has declined in recent years because of cost, time, and alternative treatment venues that are at least as effective.

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Psychodynamic therapy

- Less intensive form of psychoanalysis that is more common today.
- It differs from traditional psychoanalysis
 - more here-and-now oriented
 - involves fewer sessions
 - de-emphasizes the importance of sexual and aggressive urges.
- Argues that insight gives patients control over previously repressed and unconscious impulses.
- Therapists rely on the relationship they form with the patient as an agent of change.
- Therapists also rely on interpretation of the patient's words, behaviors, and observing for resistance, transference, countertransference.

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Psychodynamic Approach 1

- Argue that problems are determined by the history of the person's prior emotional experiences, especially childhood one's, regarded to be outside the person's conscious awareness.
- Theory hypothesis that clinical problems are rooted in negative childhood emotional experiences which serve to disrupt the normal path of development. Resulting problems may be manifest in childhood, adolescence or in various guises in our life

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Psychodynamic Approach 2

- Treatment focuses on the individual and attempts, to enable the person to be more free and autonomous
- Difficulties are seen to be located in the unconscious. Therefore the memories of these events, including the thoughts and emotions surrounding them, are not readily accessible but need to be teased out using a variety of techniques, such as dream analysis, free association and so on.
- This contrasts with the cognitive approaches which tended to assume that cognitions are consciously available for negotiation between the psychologists and the client.

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Psychodynamic Approach 3

- Treatment :
 - Client working through feelings with a therapist and thereby becoming more aware and in control of them (strengthening the ego).
- Limitations:
 - Time-consuming and expensive treatment.
 - Attempts have been made to develop brief psychodynamic techniques which are more focused on relieving specific problems
 - No focus on sexuality or transference rather focusing on a broad range of emotional factors, e.g. Group therapies (Yalom).

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Issues in Psychotherapy Research

- More than 400 types of psychotherapy are currently available, although many are not based on well-constructed and replicated research.
- **Outcome research** helps determine the effectiveness of a therapy approach.
- Early outcome research revealed that therapy is better than no therapy. All therapies were roughly equal in effectiveness.

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Psychotherapy Research

- The 1977 Treatment of Depression Collaborative Research Program assessed four different methods for treating depression.
- Of those completing the study, all four groups improved, but those using cognitive-behaviour therapy or interpersonal therapy improved the most (about the same as those on antidepressant medication).
- Those in the cognitive behaviour therapy group had fewer relapses than those in medication group over the next 18 months.

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Humanistic Therapy 1

- Concerned with the unconscious processes, **BUT** views people as potentially creative and motivated by a need to grow and develop.
- The unconscious is seen as a positive entity which can be fruitfully explored and developed in various ways through art, music, writing, drama, conversation and self-reflection.
- Suggested that the person's conscious and unconscious states can be integrated, and the aim is to encourage a sense of autonomy, control and freedom.
- A holistic approach attempts to integrate aspects of the person: behaviour, emotions, cognitions, sensations, dreams and fantasies.

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Humanistic Therapy 2

- Carl Rogers (1965) - Client-centred counselling
- Concerned to understand how people experience themselves and how this relates to their problems. focuses on people's potential for growth.
- Treatment aims to provide integration by providing a context of 'non-evaluative warmth' or validation - a supportive environment in which people are able to experiment with new roles and are assisted to regain a sense of self-agency and purpose.
- →Involves encouraging people to accept their positive and negative feelings and to communicate more clearly and freely about these.
- Humanistic ideas have had a considerable impact on encouraging forms of self-help groups in the community, such as AA and family support groups

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Humanistic Therapy 3

- Client centred therapy
 - Its goal is to help *clients* remove blocks that are preventing them from achieving their full potential.
 - Problems arise when there is incongruence between the *real self* and the *ideal self*.
 - Rogers aims to help clients become more like their ideal self.
 - Therapists need to be warm, empathic, and provide unconditional positive regard.
 - The therapist emphasizes the worthiness of the client.

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Systemic Approach (Milan)

- **Systemic Therapy = Family therapy**
- Views problems as residing not simply or predominantly in an individual but in the current pattern of actions and in the communications within relationships.
- Application of approaches to individuals, couples, and the wider system.
- Suggests symptoms emerge predominantly in one member of a family, this is essentially a facet of the disturbed relationships.
- The approach was initially given impetus by the discovery that children's symptoms were frequently a distressed response to being drawn into conflict between their parents (Rutter, 1975).
- Led to the suggestion that many symptoms could be seen as functioning to avoid, or distract attention from, other areas of conflict in family relationships.

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Systemic Approach: Context

- Family system co-evolves in larger context:
 - Society
 - Culture
 - Religion
 - Ethnicity
 - Therapeutic
- These larger systemic contexts have their own rules, themselves constantly changing and impact upon the family.
 - Essentially asking what these systems mean to the individual?

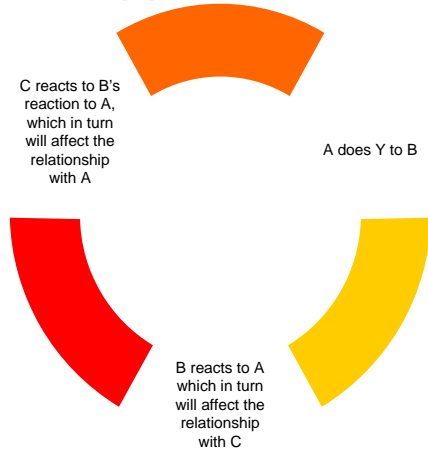
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Systemic Approach

- Systemic family therapy approaches focus on patterns of action and communications in relationships. They use feedback to focus on how people's actions are continually influenced by information about the effects of previous actions. Of particular interest are vicious cycles.
- e.g. A young man's response to his mother's interference, which was to retreat into his shell, sleep a lot and cease to take care of himself. This made his mother interfere even more in his life in an angry and critical way, accusing him of being lazy and telling him to get a job. The young man would, eventually, react to this heightened conflict and tension at home by acting in some bizarre and disturbed way which could result in another episode of hospitalisation.

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Systemic Approach



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Systemic Approach

■ *Process: Family Resourcefulness*

- All families have strengths and resources that can be used as a force for change.
- Collaborative relationship within which resources can be identified and strengthened

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Explanation of PTSD

Behavioural	PTSD is a form of intense classical conditioning brought about by dramatic events.
Neurological	PTSD produces long-term neurological change, increasing autonomic reactivity increasing noradrenaline levels in the brain.
Cognitive	Vivid sensory imprinting of the event means that memories are cued by anything resembling the event.
Socio-cognitive	Survivor guilt reduces feelings of self-blame, leading to unhelpful coping mechanisms such as avoidance, catastrophising, and alcohol abuse.
Psychodynamic	The immediate trauma is buried in the unconscious, but surfaces later owing to its powerful emotional content.

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Emerging Therapies

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Social Constructionism

- Questions that external reality exists 'out there' – is it there or do we construct it?
- Therapist not tackling a truth
- Constructing many 'truths' through interactions with family
- "Reality" is socially constructed
- Role of language in constructing reality

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Narrative Therapy (White)

- Individual constructs a story about themselves including their problem
- Story that does not allow use of resource
- The dominant story is normally negative and also the most powerful
- Relates to Social Constructionist approach

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Solution Focused Therapy

- Client's own problem solving strategies are discussed / discovered enhanced
- Supporting / enhancing solutions
- Relates to Social Constructionist approach

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Which Treatment Works Best?

- Depends:
 - Schizophrenia → drug + CBT or skills training
 - Anxiety Disorders → CBT (highly effective)
 - Depression → CBT / interpersonal therapy
- Modalities
 - Individual therapy is a modality in which one client is seen by one therapist.
 - Group therapy is when a number of clients with similar needs meet with one or two therapists. It provides interaction with others experiencing similar difficulties.
 - Family therapy is when a family, or certain family members, is seen for treatment.
 - Self-help groups (*support groups*) involve members whose focus is on a specific disorder or event and do not usually have a clinically trained leader.

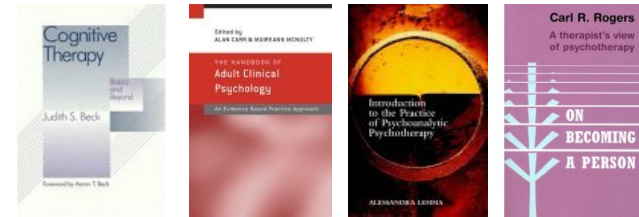
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Evidence Based Practice

- Cognitive and interpersonal therapy tend to be more effective in treating depression.
- Exposure with response prevention (behaviour therapy) is best for OCD.
- Cognitive therapy is best for panic disorder and agoraphobia.
- Systematic desensitization (behaviour therapy) is best for specific phobias.
- Psychodynamic therapy is useful for those who are articulate and want to understand their unconscious.
- Psychotherapy research is made difficult by concepts that are often difficult to test, limited research methodologies, and client variables

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Background Reading



- Beck, J. (1995). Cognitive Therapy: Basics and Beyond. New York: Guilford Press.
- Carr, A. & McNulty, M. (2006). The Handbook of Adult Psychology. London: Routledge.
- Lemma, A. (2003). Introduction to the Practice of Psychoanalytic Psychotherapy. Chichester: John Wiley & Sons.
- Rogers, C. (2004). On Becoming a Person. London: Constable & Robinson.

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Links / Review Questions

INTERNET LINKS

- <http://www.mentalhealth.com/> - Links to pages on specific disorders, offers assessments and possible treatments as well as detailing the latest research developments.
- http://www.psych.org/clin_res/q_a.html - Detailed answers to Frequently Asked Questions on DSM-IV.

REVIEW QUESTIONS

- "Normality is the absence of abnormality." Discuss.
- Critically evaluated the medical model of abnormality.
- Why is diagnosing someone as "*mentally ill*" a controversial act?

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