

Psyc 101, Pomerantz  
Section 15: Treatment of Psychological Disorders

Word of caution: do not attempt these treatments at home!

Not for amateurs; it's hard enough for professionals

Do not despair: highly effective treatments for PDs will be achieved one day

The economic costs of psychological disorders is enormous

Personal, emotional cost

Economic cost to society

Better than treatment is prevention

Recall the case of Cho Seung-Hui at Virginia Tech, 2007

History of Treatment is checkered

Bedlam (previous lecture)

Steam cabinet therapy in early 1900s

Brain surgery: drilled skulls from 6000BC found in France

More examples to follow

Major types of psychotherapy practiced today:

- Behavioral and Cognitive Therapy (BCT)
- “Insight-oriented” Therapies
- Biomedical Therapies

Various other forms of therapy

Comparisons among these forms

Popularity of various approaches in the US (Norcorss et al., 2002)

Cognitive	16%
Behavioral	3
Psychodynamic	29
Humanistic/existential	6
Eclectic	36
Other	10

Varieties of therapists:

- Psychiatrists
- Clinical psychologists
- Psychiatrist social workers
- Others

I. Behavior Therapy (Wolpe)

- Focuses on observable behavior, in the tradition of behaviorism and learning theory; “root causes” are regarded as possibly interesting but irrelevant
- Symptoms are seen as maladaptive behaviors shaped through conditioning
- Therapy aims to extinguish these behaviors through conditioning

- Thus the A, B, Cs:
  - Antecedents (reinforcement history)
  - Behavior itself
  - Consequences (reinforcements that have been delivered)
- One technique using classical conditioning: *Systematic desensitization* – relaxation in presence of a feared object or situation (phobia)
  - Progressive muscle relaxation
  - Hierarchy of fears, e.g. for a social phobia
    - Throw a party and invite everyone from work
    - Go to a holiday party for one hour
    - Invite a friend to dinner and a movie
    - Go on a job interview
    - Ask boss for a paid holiday
    - Ask a question in a meeting
    - Have lunch with co-workers
    - Talk to a stranger in a public place
    - Talk to a cousin on the phone
    - Ask for directions at a gas station
  - Virtual reality devices make this technique more effective
- Exposure (flooding): extinction through habituation
  - Again, graduated: imagined through real exposure
  - This a a powerful, effective treatment for select phobias
- Aversion therapy: emphasizes extinction through punishment
- Exposure with response prevention
  - Expose to feared object / situation
  - Prevent the usual maladaptive fear response (e.g., hand washing)
  - Works as well as medication for OCD and may last longer
- Technique based on operant conditioning: *Behavior modification*
  - Adaptive behaviors are rewarded
  - Maladaptive behaviors are not (or are punished)
  - Token economies: based on secondary reinforcers

Cf. B. F. Skinner's *Walden Two*, a utopia based on learning theory

### Cognitive Therapy

- Affected by the cognitive revolution in psychology:
  - It's the cognitive processes underlying behavior that count, not the superficial behavior itself
  - It's the stimulus as perceived and interpreted that matters, not the physical stimulus itself.
  - A person's history matters only insofar as it affects cognition
- Albert Ellis: Rational-emotive Therapy
  - Idea: distressing feelings or symptoms are caused by irrational thoughts
  - Self-downing: putting oneself down for performing poorly
  - Hostility and rage toward others for their poor performance
  - Blaming others for things that go wrong

- Focus: getting client to think more clearly
- Little focus on exploring origins of feelings; greater focus on correcting them and getting client to feel accepted, that failures are part of life and not some sign of weakness
  - Activating event
  - Beliefs
  - Consequences
  - Dispute
  - Effect
  - Further action
  
- Examples: Belief Emotional Response

I have to get this done immediately	Anxiety, stress
I must be perfect	
Something terrible will happen	
Everyone is watching me	Embarrassment, social anxiety
I won't be able to make friends	
People know something is wrong with me	
I'm a loser and will always be one	Sadness, depression
Nobody will ever love me	
She did that to me on purpose	Anger, irritability
He is evil and should be punished	
Things ought to be different	
  
- Aaron Beck: also held that psychological disorders were rooted in irrational thought
  - Dichotomous thinking: I'm either perfect or I'm worthless
  - Mental filtering: blocking out positive thoughts while magnifying negative ones
  - Mind reading: believing you know exactly what other people are thinking, especially about you, when you don't
  - Catastrophic exaggeration: believing one's worst nightmare will come true and will be intolerable
  - Beliefs about Control: that one is either helpless and totally subject to forces beyond control; or that one must tightly control everything or will never regain any control
  - Key idea: get clients to test their beliefs and so learn they are wrong
    - Cognitive restructuring
    - Daily record of dysfunctional beliefs
    - Identify automatic thoughts
    - Identify rational responses

## II. Insight-Oriented Therapies

Goal: lead clients to overcome symptoms through personal insights, by having them understand their root causes

- Psychoanalysis (Freud): help clients understand unconscious motivations, conflict among ego, id, and superego
  - Have clients talk about their personal histories, feelings
  - Use “free associations” and dream analysis to unlock unconscious feelings
  
- Psychodynamic therapy (Jung, Adler, Klein, Horney, Sullivan)
  - Similar to psychoanalytic therapy
  - Less frequent sessions
  - Lower emphasis on sexual drives
  - Common technique: free associations
  - Increased emphasis on:
    - Interpretation of behavior, dreams
    - Resistance (late, early, on-time story)
    - Transference
  
- Humanistic therapy
  - Carl Rogers’ Client-centered therapy (now “person-centered”)
  - Source of problems: Incongruence between
    - Real self
    - Ideal self
  - Unconditional positive regard, empathy
  - “Eliza” (e.g., [http://www-ai.ijs.si/eliza-cgi-bin/eliza\\_script](http://www-ai.ijs.si/eliza-cgi-bin/eliza_script), <http://www.manifestation.com/neurotoys/eliza.php3>)
  - More on Carl Rogers [here](#)

III. Biomedical Therapies: Psychopharmacology (use of medications), Electroconvulsive therapy, TMS, and others

Useful website: [www.nlm.nih.gov/medlineplus/druginformation.html](http://www.nlm.nih.gov/medlineplus/druginformation.html)

Psychopharmacology and Schizophrenia

- Antipsychotic medications
  - Traditional medications: Thorazine, Haldol
  - They reduce positive symptoms but do not cure the disorder
  - Tardive dyskinesia
- Atypical antipsychotics
  - Newer, affect dopamine and other neurotransmitter: Risperdal
  - Target positive and negative symptoms
- Early treatment

Psychopharmacology and Mood Disorders, Depression

- Tricyclic Antidepressants (TCAs, e.g., Elavil)
- Monoamine Oxidase Inhibitors (MAOIs)
  - Food interactions (cannot be taken with cheese or wine)
- Selective Serotonin Reuptake Inhibitors (SSRIs)

- Prozac, Zoloft, Paxil
- Serotonin/Norepinephrine Reuptake Inhibitors (SNRIs)
  - Serzone, Effexor
- St. John's wort: dubious effectiveness
  - See <http://nccam.nih.gov/health/stjohnswort/>
- Lithium (effective with bipolar disorder)

#### Psychopharmacology and Anxiety Disorders

- Benzodiazepines
  - Xanax, Valium
  - Cause drowsiness, can be lethal with alcohol
  - Often used for short periods because of tolerance development
- Antidepressants
  - TCAs
  - SSRIs
  - SNRIs

#### Other forms of treatment

- Electroconvulsive Therapy (ECT)
  - Used when medication and therapy is ineffective
  - Developed in 1930s for schizophrenia but now is used for psychotic depression and manic phase of bipolar disorder
  - Subsequently, ECT fell out of favor
  - Regaining popularity because of reduced side effects
  - Mechanism of operation not entirely understood
- Frontal lobotomy (mercifully, no longer used)
- Transcranial Magnetic Stimulation (TMS)
  - New technique
  - May replace ECT
  - May be useful for depression, bipolar PTSD, schizophrenia

#### Treatment Modalities

- Individual therapy
- Group therapy
- Family therapy
- Systems therapy
- Self-help therapies
  - Support groups

#### Psychotherapy Integration

- Combining techniques
- Technical eclecticism

#### Prevention of psychological disorders

- Universal preventive interventions
  - Target all members of a group
- Selective preventive interventions
  - Target high-risk subgroups
- Indicated preventive interventions

- Target those with symptoms but not disorder

### Researching Psychotherapy

- Complex: more than 400 types are in use!
- Outcome research (definition of “outcome” is key)
- Methodological Issues
  - Random assignment (e.g., to avoid confound between type of treatment and severity of problem)
  - Specific disorders and exclusion criteria
  - Treatment represents stated approach
  - Outcome measures
  - “Hello-goodbye” effect, allegiance effect
  - Drop outs
  - Follow-ups

### Psychotherapy versus Medication

- Depression: medication clearly works, but relapses occur when stopped; thus psychotherapy is often preferred; it too is effective
- Anxiety disorders: psychotherapy works at least as well as medications
- Other disorders: sometimes psychotherapy is superior (bulimia), sometimes medication is more effective (schizophrenia, bipolar disorder)
- Combining psychotherapy and medication

The *Consumer Reports* Study: 180,000 subscribers were polled in 1994; 7,000 responded

#### •Treatment outcome

–54% reported feeling “much better”

–33% “somewhat better”

–Active patients had better outcomes

–No form of therapy did better than others (“dodo bird effect” – we’re all winners!)

#### Other factors

- Curative factors: common and specific
- Which therapy works best for which disorders?
- Matching client to therapeutic approach
- Treatment for an ethnically diverse population
- How to pick a psychotherapist?

Well-established Psychological Treatments:

<u>Type</u>	<u>Problem</u>
Cog Beh Therapy	Panic disorder (w/ and w/o agoraphobia)
Cog Therapy	Depression
Cog Therapy	Bulimia
Interpersonal Therapy	Depression
Beh Therapy	OCD
Beh Therapy	Childhood enuresis

Beh Therapy

Marital difficulties

Probably efficacious treatments

Type

Problem

Beh Therapy

Cocaine abuse

Brief Psychodynamic

Opiate dependence

Cog Beh Therapy

Opiate dependence

Brief Psychodynamic

Depression

Interpersonal Therapy

Bulimia

Beh Therapy

Offensive sexual behavior