Treatment of Psychological Disorders
Chapter 14

Today we'll begin with biomedical treatments, and follow that with the psychological treatments or "psychotherapies".

• More often than not, the first professional someone with a psychological problem is likely to see is their family physician. That doctor may well prescribe a psychotherapeutic drug rather than referring their patient to a mental health professional.

Biomedical Therapies
• Prescribing psychotherapeutic drugs
  • Antianxiety drugs
  • Antidepressants
  • Mood stabilizers
  • Antipsychotics
  • Millions and millions of prescriptions for these written each year.
  • Drug companies had to submit extensive research demonstrating the safety & effectiveness of each of these drugs before they were approved by the FDA.

Antianxiety Drugs
Best known = benzodiazepine tranquilizers
• E.g.: Valium (diazepam), Xanax (alprazolam), Ativan (lorazepam)
• These CNS depressant drugs decrease anxiety symptoms & treat insomnia, but don't "cure" problem.
• But: can impair memory; interact with alcohol; can cause dependency at higher doses or with longer use; may have a period of rebound anxiety or insomnia when you stop taking these
• Newer approach: anxiety disorders can also be treated with "antidepressants" like Prozac with fewer of the above risks.
• Ideally drug therapy is combined with psychotherapy — this will decrease the chance of relapse when medication is stopped

Antidepressants
• Several categories of meds for major depression — most increase 5HT and/or NE, but in different ways
• Selective Serotonin Reuptake Inhibitors (SSRIs) like Prozac (fluoxetine) & Zoloft (sertraline) most widely used — they have fewer annoying side effects & are almost suicide-proof
• Possible side effects: nausea, insomnia, sexual problems & may experience some withdrawal symptoms when you stop
• ~20% get better results with other types of antidepressants (tricyclics, MAOIs, Wellbutrin, Effexor)
• Antidepressants take ~4 weeks to produce their effects
• These drugs can also improve anxiety disorders, OCD and PTSD.

Treatment of Bipolar Disorder:
Mood Stabilizers
• Best known mood stabilizer for bipolar disorder: lithium
• But using an “anticonvulsant” like valproate (Depakote) to stabilize mood is becoming more common.
• Sometimes a combination of meds is necessary.
Antipsychotics
• First breakthrough: Older “typical” antipsychotics like chlorpromazine (Thorazine) or haloperidol (Haldol).
• Block DA receptors in all brain areas
• Effective, especially for the “positive” symptoms like auditory hallucinations or paranoid delusions.
• But frequently produce serious motor problems:
  • Parkinson’s disease-like symptoms
  • Tardive dyskinesia (uncontrollable involuntary movements of the face)
  • http://www.youtube.com/watch?v=fLwZQBJs8fI

Newer “Atypical Antipsychotics”
• Examples: Clozaril (clozapine), Risperdal (risperidone), Zyprexa (olanzapine)
• Block DA receptors mostly in thought/emotion areas & also affect some serotonin receptors
• Lower risk of motor problems
• Improve both + & some - symptoms; help many who had not responded to meds in past
• But: not risk-free; may cause blood disorders in some, diabetes or weight gain in others

The Biomedical Therapies
• Brain stimulation techniques
  • Electroconvulsive therapy (ECT) ~100,000/year
  • Modern ECT much improved over original
  • 80% show improvement; some risk of memory problems

• Experimental neurostimulation techniques: Repetitive transcranial magnetic stimulation may be an alternative to ECT but does not work as fast
• Deep brain stimulation
• Less invasive: Vagus nerve stimulation

Therapeutic Lifestyle Change
• Reasoning:
  • Human brains and bodies were designed for physical activity and social engagement
  • Our ancestors hunted, gathered, and built in groups with little evidence of disabling depression

• 12-week training with the following goals
  • 30 min. daily aerobic exercise, adequate sleep, light exposure, social connection, anti-rumination/positive thinking exercises, nutritional supplements including omega 3 fatty acids
Psychological Approaches to Treatment

Do you remember talking about the training of professionals in the field the first day of class??
- Clinical psychologists: PhD or PsyD + internship and licensing exam
- Psychiatrist: MD, then specialize in psych disorders, internship and licensing exam
- Counselors & psychiatric social workers: M.A., internship and licensing exam

Most recently in our personality chapter each approach had a different idea about what was most important in shaping you to be the person that you are.

Similarly, psychotherapists from each of these approaches (psychodynamic, humanistic, cognitive, behavioral) think these same critical factors may relate to psychological disorders.

Talk Therapies

- Variety of therapies seeking give the client better insight into his/her psychological functioning
- Differ in focus and how therapist goes about trying to increase the client’s self-understanding

Psychoanalysis

Goal: Help patient gain insight into unconscious conflicts & repressed feelings that are causing psychological problems

Techniques to reveal the unconscious:
- Free association, watching for resistances (when client is not fully participating) and for transferences (client expresses strong emotions towards therapist but the therapist is really just a substitute for someone in the client’s earlier life that they could not express those emotions towards)
- Dream interpretation
- Analysis of "Freudian slips"

Psychoanalyst is the expert, interpreting the meaning of your dreams, your slips, your thoughts & behavior

Modern Psychodynamic Therapy

A briefer, more directive, and more modern form of psychoanalysis focusing more on conscious processes and current problems

Remember Carl Rogers’ Person-Centered Perspective?

- Belief in human potential
- Importance of self-concept
- Our natural drive towards personal growth & self-actualization
- Sees an individual’s problems arising from
  - Differences between real self and ideal self
  - Failure to move toward self-actualization
  - Over-dependence on positive regard from others
Rogers and Therapy

- Known for his views about the therapeutic relationship:
  - "the client knows what hurts, what directions to go, what problems are crucial, what experiences have been buried"
  - This lead to a "non-directive" therapeutic attitude (client is in charge rather than the therapist) that was very different from psychoanalysis

Client or Person-Centered Therapy

- Therapist is not an expert, but an empathetic, genuine, supportive listener to help clients accept themselves & recognize their potential
- Therapist provides unconditional positive regard & "reflects back" or restates what client says, rather than giving advice or making judgments.
- Experience of being really listened to & valued gives us the freedom to grow
- In a supportive setting the client has capacity to make choices/changes to move towards self-actualization
- Therapist helps clients take responsibility for the choices they make in life

http://www.youtube.com/watch?v=Ew8CAr1v48M
Go to:22

The Cognitive Approach to Therapy

- We will all experience negative events at some time.
- Our cognitive interpretation of those events (what we think or believe, what we conclude about ourselves, how it effects our expectations in the future) can make our experience much worse, increasing the chance of depression or anxiety.

Beck’s Cognitive Therapy for Depression

Gentle questioning to make client aware of their negative style of thinking, watching out for:
- Automatic negative thoughts – our inner critic
- Overgeneralizing the meaning of single events
- Selective attention to negatives in life
- Magnification: exaggerating the degree of negatives
- Then learn to stop and change these thoughts

Goals of Cognitive Therapies

- Help people recognize maladaptive thoughts and irrational beliefs or expectations.
- Teach people new, more adaptive ways of thinking

Rational-Emotive Behavior Therapy (REBT)

more confrontational attack on irrational cognitions

His therapy teaches rational examination of irrational beliefs (e.g. the unreasonable “musts” and “shoulds” that make us more miserable than we need to be)

Albert Ellis

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“Must-erbation”

- Irrational beliefs like:
  - I must be perfect
  - I must be popular
  - He must be the perfect boyfriend....
  - Bad people must be punished
  - The world must be just

- Holding these irrational beliefs leads to emotional distress when they are violated.

Cognitive Therapies

- **Cognitive-behavioral therapy**
  - An integrative therapy that combines cognitive therapy (changing self-defeating or irrational thinking) with behavior therapy (changing behavior)
  - Example: Cognitive-behavioral therapy for OCD

Behavior Therapies

Based on Classical Conditioning

Reasoning:
Many maladaptive behaviors or emotional responses are learned. They can be “un-learned” or extinguished or replaced by new learning.

Selected Cognitive Therapy Techniques

<table>
<thead>
<tr>
<th>Therapeutic Technique</th>
<th>Description</th>
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<tbody>
<tr>
<td><strong>Examine consequences</strong></td>
<td>Explore difficult situations, examining possible consequences and challenging faulty thinking</td>
</tr>
<tr>
<td><strong>Systematic desensitization</strong></td>
<td>a) Learn relaxation techniques, b) Create a stimulus hierarchy related to your phobia, c) Work thru the hierarchy, using relaxation techniques to change your response to successively more frightening stimuli. May use imagined stimuli or real (&quot;in vivo&quot;) stimuli</td>
</tr>
<tr>
<td><strong>Cognitive behavioral therapy</strong></td>
<td>An integrative therapy that combines cognitive therapy (changing self-defeating or irrational thinking) with behavior therapy (changing behavior)</td>
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Behavior Therapies

Group of techniques using learning principles to change maladaptive behaviors

Focus on changing problem behavior (rather than underlying causes) by using:
- **Classical conditioning**
- **Operant conditioning**
- **Observational learning**
An example of a hierarchy of anxiety arousing stimuli for someone afraid of driving

- **Exposure therapy** - repeatedly expose client to feared stimuli so they gradually adapt (fear response extinguishes)
- New variation: Virtual reality exposure therapy
  - [http://www.youtube.com/watch?v=CQgKEp_NhHk](http://www.youtube.com/watch?v=CQgKEp_NhHk)

**Aversion Therapy**
- Replaces the positive associations a person has to a bad habit (like smoking or drinking) with negative associations via classical conditioning.

**Virtual Reality Exposure Therapy**
- Treats anxiety with electronic simulations in which people can safely face their greatest fears, such as airplane flying, spiders, or public speaking

**Operant Conditioning**
- Increase desired behaviors through reinforcement and shaping
  - [https://www.youtube.com/watch?v=NNVGBPYEjNs](https://www.youtube.com/watch?v=NNVGBPYEjNs)
- May use extinction (removal of reinforcement) to decrease undesired behavior
  - [https://www.youtube.com/watch?v=1IxV18kQGVM](https://www.youtube.com/watch?v=1IxV18kQGVM)
Operant Conditioning

- Operant conditioning therapy: Consequences drive behavior
- Behavior modification: The desired behavior is reinforced; undesired behavior is not reinforced and is sometimes ignored or punished
- Token economy: People earn a token for exhibiting a desired behavior and can later exchange the tokens for privileges or treats

Can Behavior Therapy Help the Severely Mentally Ill?

Can use basic operant conditioning principles in "behavior modification"
- reinforcement of desired behaviors
- extinction (stop reinforcement) of undesired behaviors
- Margaret the clothes-hound
- Harry, Mac, Joe and Tom – human garbage cans
- Francis the towel hoarder

Observational Learning

Modeling therapy—watching and imitating models that demonstrate desirable behaviors
Useful for treating phobias and training in social skills and assertiveness

Psychotherapy Overview

- ~10 million/yr treated, but even more untreated
- 68% of therapists take an eclectic approach (pick and choose and combine pieces from multiple approaches depending on client and problem)
- Analysis of >1500 research studies of effectiveness of psychotherapy for various disorders:
  - Psychotherapy significantly better than no treatment
  - 75% improve within 6 months
  - No single approach was most effective overall
  - All therapies depend on a good client-therapist relationship
  - Cog-behav therapy was more effective than talk therapy for phobias, panic, OCD, depression.

Evaluating Psychotherapies

80% of untreated people have poorer outcomes than the average treated person.

Major Approaches to Therapy

- Talk therapy
- Behavior therapy
- Biochemical
  - Pharmacotherapy
  - Speech therapy
  - Psychothérapie