Treatment of Psychological Disorders

Today we’ll begin with medical treatments; next time we’ll discuss psychological treatments or “psychotherapies.”

Biomedical Therapies

• Prescribing psychotherapeutic drugs
  • Antianxiety Drugs
  • Antidepressants
  • Mood stabilizers
  • Antipsychotics
• See Table 15.1

Antianxiety Drugs

Best known = benzodiazepine tranquilizers
• Examples: Valium (diazepam), Xanax (alprazolam)
• These depressant drugs decrease anxiety symptoms & also treat insomnia.
• But: can impair memory; interact with alcohol; can cause dependency at higher doses or with longer use
• Newer approach: anxiety disorders can also be treated with “antidepressants” like Prozac with fewer of these 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 ~4-8 weeks to produce their effects
  • These drugs can also improve anxiety disorders

Antidepressants and the Brain

Treatment of Bipolar Disorder: Mood Stabilizers

• Best known mood stabilizer for bipolar disorder: Lithium
• But using “anticonvulsants” to stabilize mood is becoming more common, antipsychotics, and/or antidepressants are also used
• Sometimes a combination of meds is necessary.
Antipsychotics/Neuroleptics

- First breakthrough: Older “typical” antipsychotics like the phenothiazines (example: Thorazine (chlorpromazine)) or Haldol (haloperidol)
- Block DA receptors in all brain areas
- Effective, especially for the “positive” symptoms, 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=fLwZQBi48tI](http://www.youtube.com/watch?v=fLwZQBi48tI)
- Schizophrenia thought to be due to OVER-response to dopamine.
- Antipsychotics attach to receptors and keep dopamine from working.

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

Biomedical Therapies

- Administering medical treatments
- Electroconvulsive therapy (ECT)
- Experimental: Repetitive transcranial magnetic stimulation may be an alternative to ECT but does not work as fast

ECT for Major Depression

- About 100,000 patients a year receive ECT for major depression
- Main risk: memory problems
- Modern ECT much safer than original version
Biomedical Therapies

- Experimental brain surgery treatments
  - Deep brain stimulation method (2)
  - Case: http://www.youtube.com/watch?v=x16J4K0AMr8
  - Obviously brain surgery is expensive and has risks; so would never be as widely used as other treatments.

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: M.A., internship and licensing exam

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 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 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 and His Self Theory?

- Belief in human potential
- Importance of self-concept
- Our self-actualizing tendency
- See 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

Humanistic Therapies

Therapy that focuses on removing obstacles that block personal growth and potential for self-actualization.

Client-Centered Therapy

Rogers's therapy emphasizes the client's natural tendency to become healthy & productive. Clients (not "patients") are in charge.

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 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 client has capacity to make choices/changes to move towards self-actualization
- Therapist helps clients take responsibility for the choices they make in life

Cognitive Therapies

Cognitive Therapy

Therapy that treats problem behaviors and mental processes by focusing on faulty thought processes and beliefs.

Self-Talk

Internal dialogue; the things people say to themselves when they interpret events

Self-talk can be irrational and inaccurate.
Cognitive Therapies

Cognitive Restructuring
Process in cognitive therapy to recognize & change destructive thoughts or inappropriate interpretations

Cognitive-Behavior Therapy
Combines cognitive therapy (changing faulty thinking) with behavior therapy (changing faulty behaviors)

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

“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.

Rational-Emotive Behavior Therapy (REBT)
Cognitive therapy to eliminate emotional problems through rational examination of irrational beliefs (e.g. “musts” and “shoulds”)
— more confrontational attack on irrational beliefs & behaviors

Ellis’s A-B-C Theory of Emotional Distress

- **A**: Activating Event
- **B**: Irrational Belief
- **C**: Emotional Consequences

© 2015 John Wiley & Sons, Inc. All rights reserved.
Behavior Therapies
Based on classical Conditioning

Systematic Desensitization & Exposure Therapy (see also p 207)
- **Systematic desensitization**: 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 ("in vivo") stimuli.
- **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_NHk
- **Aversion therapy**: decrease a behavior by creating a negative physical response through classical conditioning:

Operant Conditioning
- Increase desired behaviors through reinforcement and shaping; may use tokens
- May use some punishment and extinction to eliminate undesired behavior

An example of a hierarchy of anxiety arousing stimuli for someone afraid of driving

Aversion Therapy

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.