

# Therapy Notes

Psychotherapy – treatment for psychological difficulties that involve interaction between a trained therapist and a patient; many different styles

Many psychotherapists use an eclectic approach (drawing from many techniques and therapy styles)

## Psychoanalytic Therapies

### Psychoanalysis

- based on psychoanalytic perspective of personality (Freud)
- Assumptions – psychological problems are fueled by repressed impulses and conflicts of childhood
- Goal – bringing repressed feelings into conscious awareness so that the patient can deal with them
- Methods – use of free association and projective tests to reveal unconscious conflicts; therapist interprets remarks (or lack of remarks) by suggesting underlying wishes, feelings and conflicts to provide the patient with insight; much of what you reveal would be about childhood
- Commitment – often requires years of intense therapy (several days per week) and is therefore very expensive

### Psychodynamic Theory

- A modification of psychoanalysis – neoFreudian
- Assumptions, goals, and methods similar to psychoanalysis with a few exceptions
  - Less use of projective tests and free response; talk to patient face-to-face
  - Much shorter duration (once a week for a few months)

### Interpersonal Therapy

- Assumptions – similar to psychoanalysis
- Goal – help people gain insight into roots of difficulties by focusing on current relationships and relationship skills (rather than past conflicts); focuses on symptom relief as opposed to change of personality
- Commitment – 12-16 sessions

## Humanistic Therapies

### Client-centered therapy (Rogerian therapy)

- Assumptions – patients already possess the resources for growth
- Goal – help clients reach their own conclusions about their difficulties
- Methods – focus on person's conscious self-perceptions rather than therapists interpretation; therapist listen without judging, offering unconditioned positive regard; ACTIVE LISTENING
- Commitment – varies greatly from person to person, but generally does not require years of therapy (as psychoanalysis does)

## Behavioral Therapies

- Assumptions – self-awareness and insight are not enough to make problems go away. The problem behaviors are not the symptoms of an underlying problem, but rather the problem themselves.
- Goal – applying established learning principles (operant and classical conditioning) to eliminate unwanted behaviors
- Methods – classical and operant conditioning; specific methods vary with style of therapy
- Commitment – depends on severity of the problem, but gains can be made quickly in some

Counterconditioning – pairing a trigger stimulus (say fear of elevators) with a new response that is incompatible with fear (say relaxation). Example, if a patient is claustrophobic, first you teach him or her a relaxation technique and maybe pair that with a particular stimulus (say a clenched fist). The patient practices until they can elicit a relaxed state by simply clenching his or her fist. Then, the next time they are in an elevator, he or she clenches his/her fist and feels relaxed.

Systematic Desensitization – makes use of counterconditioning

1. therapist teaches patient a relaxation technique.
2. patient and therapist come up with a hierarchy of behaviors that elicit the anxiety
3. therapist gradually exposes patient to conditions listed on hierarchy while patient practices relaxation techniques.

- this is a type of exposure therapy because patient overcomes fear by exposure to the fear-producing condition.

Modeling – patient observes others performing anxiety-provoking activities

#### Aversive Conditioning

- therapist or patient replaces a positive response to a harmful stimulus with a negative response.
- Classical example - nausea-producing drug in alcohol beverage to treat alcoholism
- Limited effectiveness when used alone, but useful when paired with other types of treatment

#### Token economy

- using rewards to encourage wanted behaviors
- therapist gradually shifts from simple rewards to rewards that are more common in a real world situation; they also try to train patients to see intrinsic rewards for behaviors
- effective in group situations (homes, institutions, hospitals)
- commonly used for schizophrenia patients in institutions or hospitals

#### Cognitive Therapies

- Assumptions – how we interpret and attribute events affects how we feel about them
- Goals – change the way client interprets events
- Methods – the therapist may ask questions that lead the patient to realizing incorrect attributions (for example, I feel bad because I thinking failing this test will keep me out of college and therefore, I will never be happy. The therapist may point out that by that logic, only people who go to college are happy. He may then ask the patient if they know people who did not go to college, but are happy.)

#### Cognitive-behavioral therapy

- integration of cognitive and behavior therapies. This type of therapy makes the assumptions of cognitive psychology (how we interpret events affects our feelings), but makes use of behavioral methods to alter our habits of thinking. For example, a therapist may have a client practice positive self-talk

**AP PSYCHOLOGY**  
***A Quick Summary of Psychological Therapy Designs***

**This handout should help you develop your therapist role for the “Clinical Role Play” project as well as help you to outline Chapter 16 when we discuss this chapter soon.**

***PSYCHOANALYTIC THERAPY (Freud)***

The emphasis is on uncovering the patient’s repressed unconscious issues and emotions.

**Key Techniques:**

- Free Association (saying everything that comes to mind.)
- Rorschach Ink Blot Test (interpretation of ambiguous inkblots)
- Thematic Apperception Test (TAT) (interpretation of ambiguous pictures.)
- Dream Interpretation (finding hidden meaning in the symbolism of dreams.)
- Hypnosis (uncovering unconscious feelings through deep relaxation.)

***HUMANISTIC THERAPY (Rogers)***

The emphasis is on boosting the patient’s self-esteem and helping him to realize his potential and possibilities for growth and self-actualization.

**Key Techniques:**

- Unconditional Positive Regard (accepting anything that the patient says without criticism)
- Active listening (“parroting” back what the patient is saying to show that you are listening to everything that you are told.)
- Showing empathy, concern, and a genuine regard for the patient.

***COGNITIVE THERAPY (Beck, Ellis)***

The emphasis is on confronting the patient to show that their thoughts are irrational and counterproductive.

**Key Techniques:**

- Confrontational dialogue
- Correcting negative thinking (the external locus.)
- Establishing an internal locus to avoid “learned helplessness.”

## DRUGS, SHOCKING, SURGERY, ETC

### ANTIPSYCHOTICS

- Treat **schizophrenia**
- Block activity of **dopamine**
- Thorazine, Risperdal, Zyprexa, Abilify -- reduce hallucinations and delusions; side effects similar to Parkinson's disease (caused by too little dopamine) – sluggishness, tremors, and twitches
- Clozapine – helps to “awaken” those with negative symptoms such as apathy and withdrawal
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### ANTIAXXIETY DRUGS

- Valium, Xanax, Ativan
- Depress central nervous system activity

### ANTIDEPRESSANTS

- Increase norepinephrine, serotonin, and/or dopamine
- Prozac (fluoxetine), Paxil, and Zoloft – **selective serotonin reuptake inhibitors (SSRI's)**
  - most widely prescribed psychiatric drugs
  - few side effects
- MAOI's – (monoamine oxidase inhibitors) – inhibit enzyme that breaks down serotonin and norepinephrine
  - more side effects than SSRI's
  - danger of drug interactions (look at the warnings on your cold medicine)
- “Tricyclics” – increase levels of norepinephrine, serotonin, and dopamine
  - more side effects

### MOOD STABILIZERS

- Treat bipolar disorder
- Lithium and Depakote – don't know how it works

### ELECTROCONVULSIVE THERAPY (ECT)

- Treats severe depression that is unresponsive to other treatments
- patient is given general anesthetic and muscle relaxant prior to administration
- accompanied by short term memory loss of experiences right before treatment, but no evidence of brain damage
- don't know how it works

### PSYCHOSURGERY

- removal or destruction of brain tissue; Treat bipolar disorder)
- LOBOTOMY – cutting nerves connecting frontal lobe to limbic system; no longer used

### REPETITIVE TRANSCRANIAL MAGNETIC STIMULATION (rTMS)

- passing a magnetic field over the scalp to treat depression
- new, so not well studied, but limited research indicates it may work better than antidepressant drugs!

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Vocabulary Quiz

Matching

No. \_\_\_\_\_ Name \_\_\_\_\_ Date \_\_\_\_\_

- |    |                               |    |                            |
|----|-------------------------------|----|----------------------------|
| a. | clinical psychologist         | i. | free association           |
| b. | psychiatrist                  | j. | systematic desensitization |
| c. | counseling psychologist       | k. | internalized sentences     |
| d. | humanistic therapy            | l. | nondirective therapy       |
| e. | behavioral therapy            | m. | transference               |
| f. | psychoanalysis                | n. | rational emotive therapy   |
| g. | cognitive behavioral therapy  | o. | token economy              |
| h. | unconditional positive regard |    |                            |

- \_\_\_ 1. therapy using learning techniques to change behaviors
- \_\_\_ 2. therapy which uses thoughts to control emotions and behaviors
- \_\_\_ 3. motivation through accumulation of rewards for good behavior
- \_\_\_ 4. association of anxiety and relaxation in gradual sequence
- \_\_\_ 5. Carl Rogers's term for complete acceptance of individual's feelings and thoughts
- \_\_\_ 6. Albert Ellis's term for getting emotions under control through reason
- \_\_\_ 7. uncovering the unconscious through saying whatever comes to mind
- \_\_\_ 8. therapy which emphasizes individual ability to heal oneself with assistance
- \_\_\_ 9. patient places emotional conflicts of the past onto the therapist
- \_\_\_ 10. Rogers's approach which places client and therapist in a partnership
- \_\_\_ 11. medical doctor who specializes in mental illness
- \_\_\_ 12. deals with general problems rather than mental disturbances
- \_\_\_ 13. deals with emotional disturbances and may work with classified mental patients
- \_\_\_ 14. the opinions we form of ourselves through thought
- \_\_\_ 15. therapy which looks for sources of anxiety in the unconscious

## Therapies

1. After Darnel dropped a pass in an important football game, he became depressed and vowed to quit the team because of his athletic incompetence. His psychologist challenged his illogical reasoning and pointed out that Darnel's incompetence had earned him an athletic scholarship (cognitive)
2. Assumes that how we interpret and attribute events affects how we feel about them (cognitive)
3. Assumes that neuroses are caused by our inability to self-actualize. (client-centered)
4. Based on humanistic psychology (client-centered)
5. Based on principles of operant conditioning (any behavior therapy)
6. Believe that insight into the cause of the problem is not enough to make it go away; must address symptoms (any behavior therapy)
7. Goal is to bring repressed feelings into conscious awareness so that the patient can deal with them (psychoanalytic)
8. Have you been having recurring dreams?" (psychoanalytic)
9. I've noticed that you seem to avoid discussing your father?" (psychoanalytic)
10. If you can refrain from losing your temper, you'll get two red stars." (token economy)
11. In what ways do you think you have fallen short of your ideals?" (client-centered)
12. Often lasts years (psychoanalytic)
13. Rank in order the things that frighten you from 'least' to 'most'." (systematic desensitization)
14. So I hear that you are feeling like you have no purpose in life." (client-centered)
15. Tell me about your earliest memories from childhood." (psychoanalytic)
16. Therapist actively attempts to interpret unconscious motivations (psychoanalytic)
17. Therapist attempts to change the way the patient attributes events (Cognitive)
18. therapist attempts to help by offering genuineness, acceptance, and empathy (client-centered)
19. Therapist believes that people have the ability in themselves to work through the problem. (client-centered)
20. Therapist couples unwanted behavior with a negative response. (aversive conditioning)
21. Therapist helps patient improve relationship skills (interpersonal)
22. therapist uses active listening methods (client-centered)
23. therapists uses free association and projective tests (psychoanalytic)
24. Yasha suffers from obsessive-compulsive disorder. Her therapist suggested that the next time she felt the urge to wash her hands uncontrollably, she should remind herself that the urge was caused by a change in neurochemicals in her brain. Then, she should force herself to do something else that she enjoys until the urge diminishes. (cognitive-behavioral)
25. You have developed a very powerful mental set that you are a loser." (cognitive)

## Biomedical Therapy

1. Antidepressants (SSRI's...)
2. Antipsychotics (clozapine and thiorazine)
3. Dopamine antagonists (clozapine and thiorazine)
4. Effective treatment for seasonal affective disorder (light exposure)
5. Elevate levels of norepinephrine and/or serotonin (SSRI's....)
6. Mood stabilizer (lithium)
7. Prescribed as anti-anxiety medication (Valium and Librium)
8. Prescribed as treatment for bipolar (lithium)
9. Prescribed for schizophrenic patients (clozapine and thiorazine)
10. Reduce activity of the sympathetic nervous system (Valium and Librium)
11. Surgically severing nerves connecting frontal lobe with limbic system (lobotomy)
12. Treatment is not used anymore (lobotomy)
13. Usually used in conjunction with a muscle relaxant and general anesthetic (ECT)

## Psychotherapies

Type of Therapy	Major Approaches to Therapy
<b>Psychoanalytic Therapy</b> (Sigmund Freud)	<b>Designed to help unearth past conflicts so the patient attains insight as to the real source of the problem</b>  <i>Free association</i> —the patient reports all thoughts, feelings, and mental images as they come to mind <i>Resistance</i> —the patient's conscious attempts to block the revelation of repressed memories and conflicts <i>Dream interpretation</i> —the content of dreams is analyzed for disguised or symbolic wishes, meanings, and motivations <i>Interpretations</i> —the psychoanalyst's explanations of the patient's dreams, free associations, or behaviors <i>Transference</i> —the patient unconsciously responds to the therapist as though the therapist were a significant person in the patient's life
<b>Short-term Dynamic Therapies</b>	<b>Shorter and more directive than traditional psychoanalysis; specific, achievable goals</b>
<b>Client-Centered Therapy</b> (Carl Rogers)	<b>Nondirective humanistic therapy designed to help clients move toward self-actualization; emphasizes the client's subjective perception of himself and his environment</b>  <i>Nondirective</i> —the therapist does not make decisions, offer solutions, or pass judgment <i>Genuineness</i> —the therapist openly and honestly shares her thoughts and feelings with the client <i>Unconditional positive regard</i> —the therapist must value, accept, and care for the client, whatever the problems or behaviors <i>Empathic understanding</i> —the therapist <i>actively</i> listens and reflects the content and personal meaning of the client's feelings
<b>Behavior Therapies</b>	<b>Designed to modify specific problem behavior by using basic learning principles and techniques</b>
<b>Classical Conditioning Techniques</b>  (Mary Cover Jones)  (Joseph Wolpe)	<i>Counterconditioning</i> —modifying behavior by conditioning a new response that is incompatible with a previously learned response <i>Systematic desensitization</i> —reducing phobic responses by pairing relaxation with progressively more fear-provoking stimuli <i>Virtual reality therapy</i> —easier and less expensive method of systematic desensitization using a computer-generated, three-dimensional environment <i>Bell and pad treatment</i> —treating nighttime bedwetting by conditioning arousal from sleep in response to bodily signals of a full bladder <i>Aversive conditioning</i> —reducing or eliminating unwanted behaviors by repeatedly pairing an aversive stimulus with the undesirable behavior (relatively ineffective)

**Type of Therapy Major Approaches to Therapy**

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**Behavior Therapies** (*continued*)

**Operant Conditioning Techniques**

*Shaping*—reinforcing successive approximations of a desired behavior  
*Positive and negative reinforcement*—a behavior increases as the result of a desirable consequence  
*Extinction*—a behavior decreases if it no longer leads to a reinforcer  
*Token economy*—the therapeutic environment is structured to reward desired behaviors with tokens or points that may eventually be exchanged for tangible rewards  
*Contingency management interventions*—involves specified behaviors, a target groups of clients, and the use of vouchers or other conditioned reinforcers that can be exchanged for prizes, cash, or other rewards

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**Cognitive Therapies**

**Designed to change the faulty thinking patterns associated with problem behaviors and emotions**

Rational-Emotive Therapy  
 (Albert Ellis)

*ABC Model*—When an Activating event (A) occurs, it is the person’s Beliefs (B) about the event that cause the emotional Consequences (C)  
 The therapist’s role is to dispute and challenge the irrational beliefs

Cognitive Therapy  
 (Aaron T. Beck)

Psychological problems are caused by distorted thinking and unrealistic beliefs, so the therapist encourages the client to monitor automatic thoughts, empirically test their validity, and replace distorted thinking and unrealistic beliefs with healthier thoughts.

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**Group Therapy**

**One or more therapists working simultaneously with a small group of clients, using any therapy approach**

*Advantages:* Cost-effective; therapist can observe client interaction; client feels less alone in his or her problem; group members provide advice and model behaviors; opportunity to try out new behaviors in a safe, supportive environment

Family Therapy

Based on the assumption that the family is a system; treats the family as a unit

*Major goal*—improve ongoing interactions among family members

Couple Therapy

Treats any couple in a committed relationship

*Goals*—improve communication and problem-solving skills; increase intimacy

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Chapter 19

TREATMENT AND THERAPY  
Enrichment Worksheet

no. \_\_\_\_\_ Name \_\_\_\_\_ Date \_\_\_\_\_

Fill in the chart with the requested information:

Main Goal	How Goal is Achieved	Main Technique(s)	Characteristic(s) of Therapist
Psycho-analysis			
Humanistic Therapy			
Behavioral Therapy			
Cognitive Behavioral Therapy			