

# *Introduction to Psychotherapy*



For MPhil Psychology  
By  
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*Objectives. By the end of this lecture you will be able to:*

- List the key features common to all types of psychotherapy
- Compare and contrast the major types of psychotherapy
- Understand the various psychiatric conditions treated by psychotherapy
- Describe factors to consider in determining if psychotherapy is appropriate for a specific patient
- Describe factors to consider in selecting a specific type of psychotherapy for a specific patient



# *What is psychotherapy?*

- Interpersonal, relational intervention by trained therapists to aid in life problems
- Goal: increase sense of well-being, reduce discomfort
- Employs range of techniques based on relationship building, dialogue, communication and behavior change designed to improve the mental of individual patient or group

# *What is psychotherapy?*

- Some therapies focus on changing current behavior patterns
- Others emphasize understanding past issues
- Some therapies combine changing behaviors with understanding motivation
- Can be short-term with few meetings, or with many sessions over years



# *What is psychotherapy?*

- Can be conducted with individual, couple, family or group of unrelated members who share common issues
- Also known as talk therapy, counseling, psychosocial therapy or, simply, therapy
- Can be combined with other types of treatment, such as medications

# *What can psychotherapy accomplish?*

- Learn to identify and change behaviors or thoughts that adversely affect life
- Explore and improve relationships
- Find better ways to cope and solve problems
- Learn to set realistic goals



# *All psychotherapies provide:*

- A working alliance between patient and therapist
- An emotionally safe setting where the patient can feel accepted, supported, un-criticized
- A therapeutic approach that may either be strictly adhered to or modified according to patient needs
- Confidentiality as integral to therapeutic relationship except with safety issues

# *Who seeks therapy...and why?*

- **Children:** behavioral, school, family issues
- **Adolescents:** as above and issues of separation and peer relationships
- **Young adults:** all of above plus career issues
- **Mature adults:** all of above plus issues of changing relationships, family alignments, health, work and social status
- **Older adults:** all of above plus end of life issues



# *How does therapy work?*

- Research: quality of therapist/client relationship effects outcome more than specific therapy
- Lambert (1992) estimates 40% client changes due to motivation or severity of problem; 30% to quality of therapeutic relationship; 15% to expectancy (placebo) effects, and 15% to specific techniques.
- Tallman (1999): Outside therapy people rarely have friends who listen for more than 20 minutes. People close often involved in problem and can't provide safe impartial perspective

# *Your brain on psychotherapy*

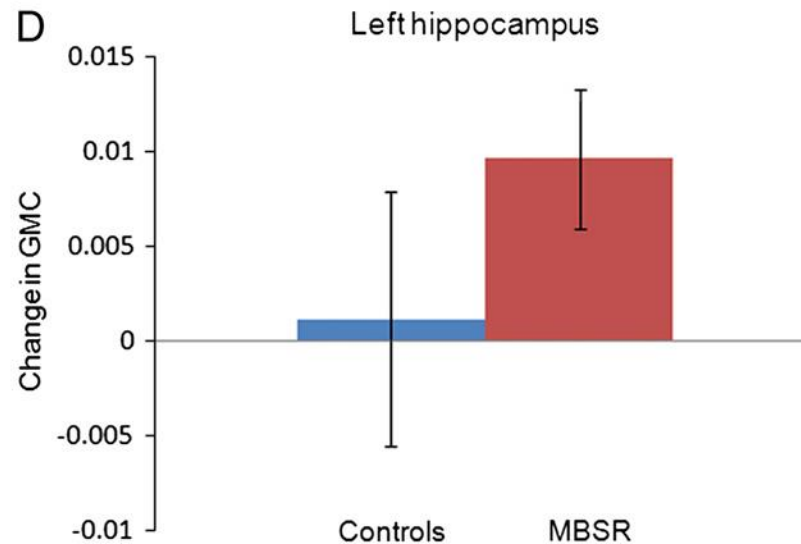
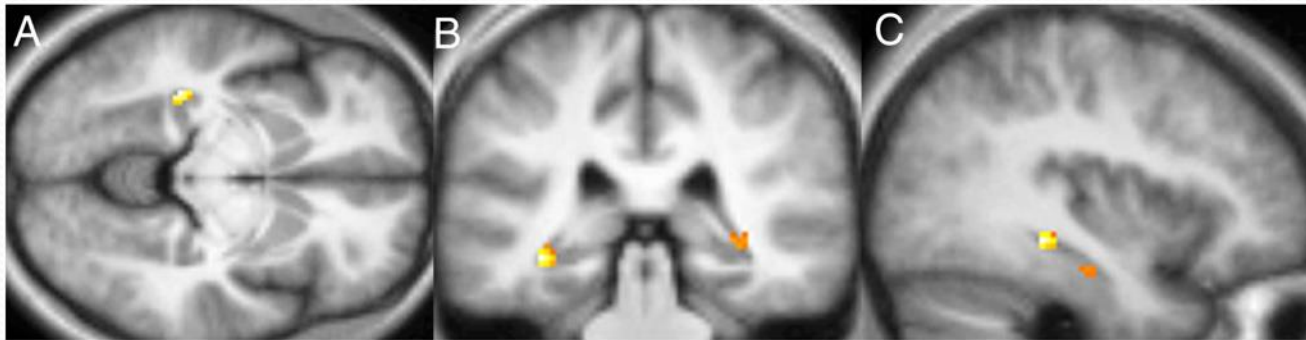
- Psychotherapy-related changes in brain activity are strikingly similar within patients who share the same psychiatric diagnosis.
- Psychotherapy and pharmacotherapy achieve similar efficacy and are associated with overlapping but not identical changes in brain-imaging profiles



# *Impact of mindfulness on regional brain gray matter density*

- Study findings suggest that participation in an 8 week Mindfulness based stress reduction (MBSR) program is associated with changes in grey matter concentration in brain regions involved in learning and memory processes, emotional regulation. Self-referential processing and perspective taking.
- PTSD and MDD are associated with decreased density or volume of the hippocampus

# *Impact of mindfulness on regional brain gray matter density*





# *Who can really be a psychotherapist?*

Adequately trained and certified

- Psychiatrist
- Psychologist
- Social worker
- Nurse practitioner
- Physician assistant
- Minister, priest

Untrained persons not tested for competence!

- anyone can call themselves a *“therapist!”*



*Schools and types of  
psychotherapy*



*Think of psychotherapy on a  
continuum*



# *Psychoanalysis*

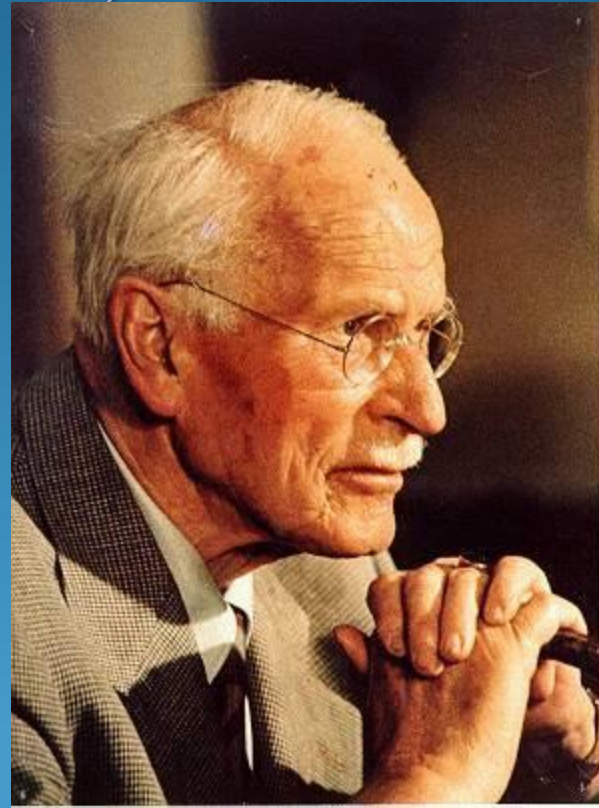
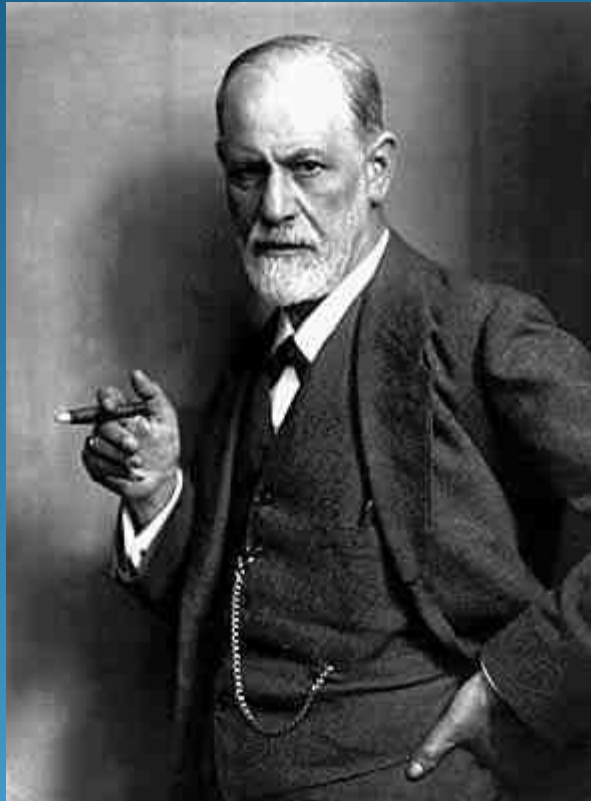
- Focus on unconscious as it emerges in treatment relationship
- Insight by interpretation of unconscious conflict
- Most rigorous: 3-5 times/week, lasts years, expensive
- Patient (analysand) lies on couch, analyst unseen to eliminate visual cues
- Must be stable, highly motivated, verbal, psychologically minded and be able to tolerate stress without becoming overly regressed, distraught, impulsive



# *Psychoanalysis*

- Analyst neutral
- Goal: structural reorganization of personality
- Techniques: interpretation, clarification, working through, dream interpretation

# *Prominent early psychoanalysts*



Sigmund Freud (1856-1939) Carl Jung (1875-1961)



# *Psychoanalysis: Terms*

- **Transference:** unconscious redirection of feelings for one person to another (including the therapist)
- **Countertransference:** redirection of therapist's feelings for the patient
- **Therapeutic alliance:** therapist and patient trust
- **Resistance:** ideas unacceptable to conscious; prevents therapy from proceeding
- **Free association:** patient says what comes to mind uncensored.  
Clues to unconscious

# *Defense mechanisms*

- Everyone uses them
- They are usually identified as more mature, neurotic or less mature
- Under duress people tend to use less mature defense mechanisms



# *Mature defense mechanisms*

- **Altruism:** deal with stress or conflict through dedication to meeting other's needs
- **Anticipation:** anticipate possible adverse events and prepare for them
- **Humor:** deal with stress by seeing irony
- **Sublimation:** channel potentially maladaptive impulses into socially acceptable behavior
- **Suppression:** avoid thinking about stressor
- **Affiliation:** turn to others for support

# *Neurotic defense mechanisms*

- **Displacement:** transfer negative feelings about one object to another
- **Externalization:** blame problems on another
- **Intellectualization:** rely excessively on details to maintain distance from painful emotions
- **Repression:** expel disturbing thoughts from consciousness
- **Reaction formation:** do opposite of what you feel



# *Primitive defense mechanisms*

- **Denial:** refuse to acknowledge aspect of reality
- **Autistic fantasy:** excessive day-dreaming
- **Passive-aggressive:** indirectly express aggressive feelings towards others
- **Acting out:** engage in inappropriate behavior without consideration of consequences
- **Splitting:** compartmentalize opposite affective states
- **Projection:** falsely attribute unacceptable feelings to another
- **Projective identification:** falsely attribute to a second individual who in turn projects back to patient

# *Psychodynamic psychotherapy*

- Also called “expressive” and “insight-oriented”
- Based on modified psychoanalytic formulations
- Couch not used
- Less focus on transference and dynamics
- Interpretation, encouragement to elaborate, affirmation and empathy important
- 1 – 2 sessions/week; open-ended duration
- Limited goals



# *Supportive psychotherapy*

- Offers support of authority figure during period of illness, turmoil, temporary decompensation
- Warm, friendly, non-judgmental, strong leadership
- Supports ultimate development independence
- Expression emotion encouraged

# *Cognitive/behavioral therapies*

## **General features**

- Are manualized
- Are time limited
- The therapist is more directive sometimes “coach like”
- Client often is given homework

## **Examples**

- Interpersonal psychotherapy (IPT)
- Cognitive behavior therapy (CBT)
- Dialectical behavior therapy (DBT)
- Behavioral therapy



# *Interpersonal psychotherapy*

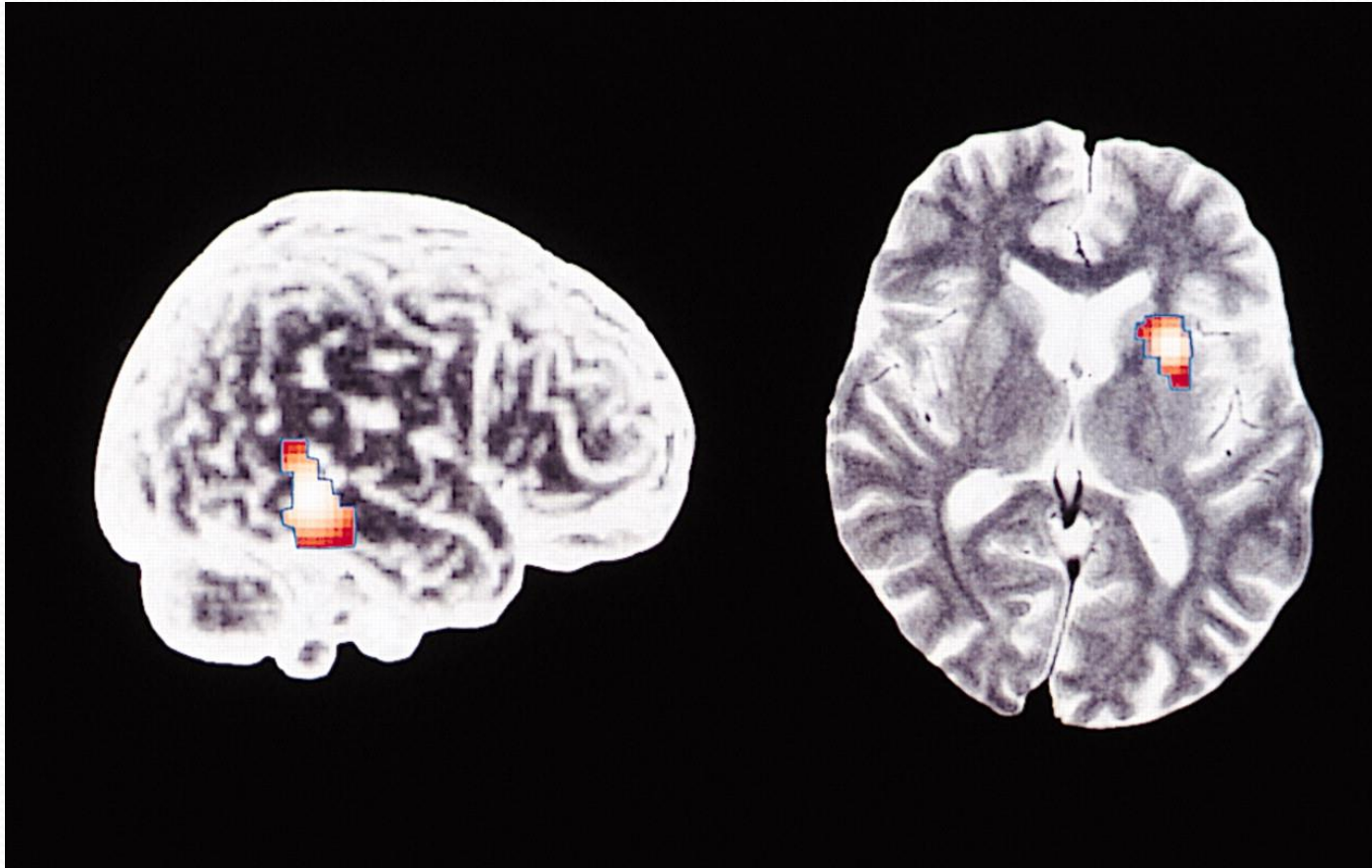
- Time-limited treatment for major depressive disorder
- Developed in 1970's
- Assumes connection between onset mood disorder and interpersonal context in which they occur
- Used for variety depressed populations: geriatric, adolescent, HIV-infected, marital discord
- Can be combined with medication
- Duration: 12 – 16 weeks
- Efficacy demonstrated in randomized trials

# *What IPT does to the brain*

- Study of 28 pts with MDD found after 6 weeks of IPT vs venlafaxine increased blood flow in the right basal ganglia. In IPT group also saw an increase in posterior cingulate activity.
- Underscored the importance of limbic and paralimbic recruitment in psychotherapy-medication mediated changes.

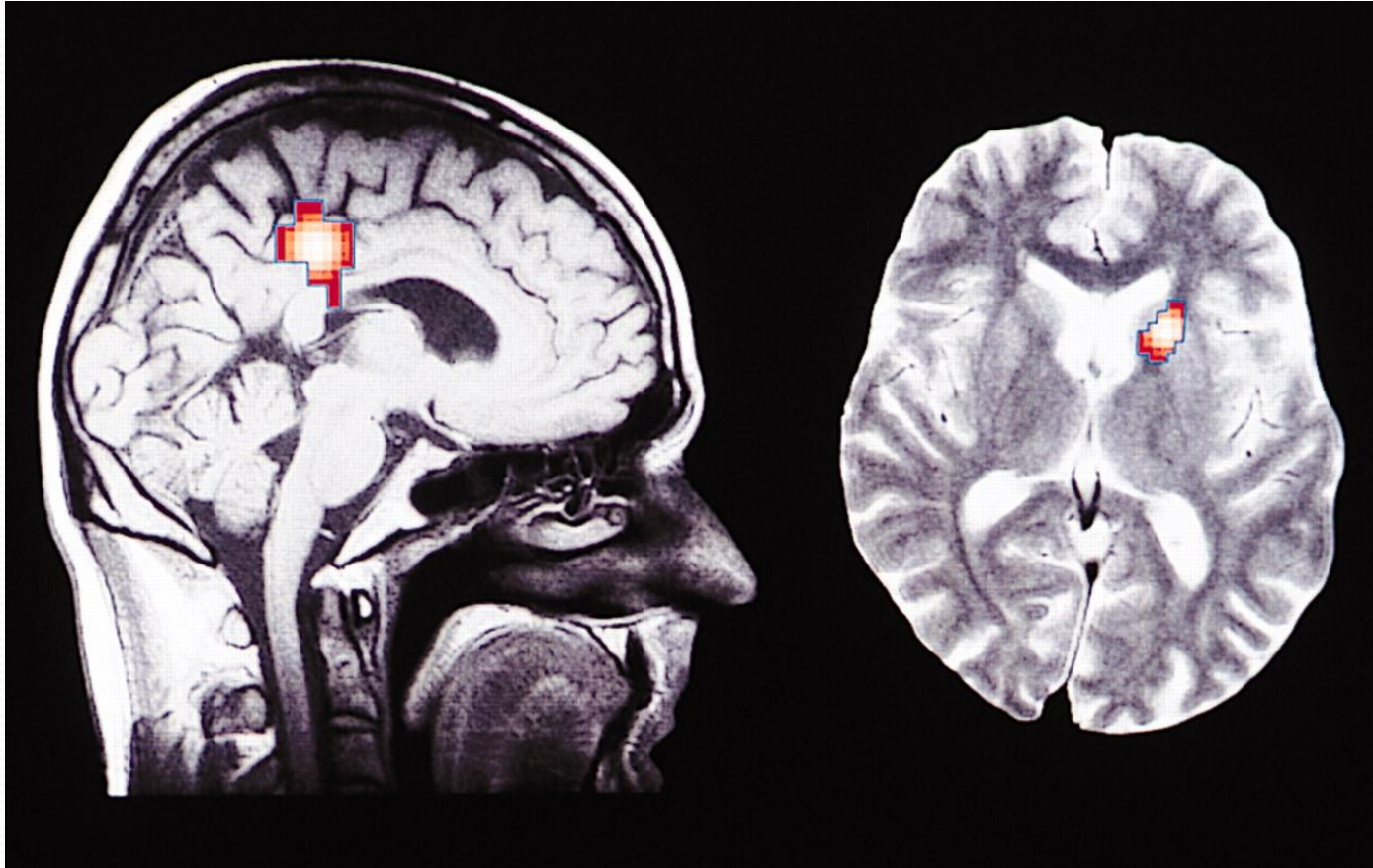


Patients receiving venlafaxine hydrochloride (n = 15), showing activation of right basal ganglia and right posterior temporal cortex, using statistical parametric mapping 96 "Z map" (P = .01), on 1-T normal magnetic resonance imaging template



Martin, S. D. et al. Arch Gen Psychiatry 2001;58:641-648.

**Interpersonal psychotherapy patients (n = 13), showing activation of right basal ganglia and limbic right posterior cingulate cortex, using statistical parametric mapping 96 "Z map" (P = .01), on 1-T normal magnetic resonance imaging template**



Martin, S. D. et al. Arch Gen Psychiatry 2001;58:641-648.



# *Cognitive behavioral therapy*

- Derives from cognitive and behavioral psychological models of human behavior including theories of normal and abnormal development and theories of emotion and psychopathology.
- Utilizes the cognitive model, operant conditioning and classical conditioning to conceptualize and treat a patient's problems.

# *Cognitive behavioral therapy*

- Approach focuses on problems in the here and now
- Treatment is empowering: focus on gaining psychological and practical skills
- Patient puts what they've learned into practice between sessions by doing “homework”
- Techniques: identify cognitive distortions, test automatic thoughts, identify maladaptive assumptions
- The therapist takes an active, problem oriented, directive stance.



# *Cognitive behavioral therapy*

- Used in wide range mental health problems: depression, anxiety disorders, bulimia, anger management, adjustment to physical health problems, phobias, chronic pain.

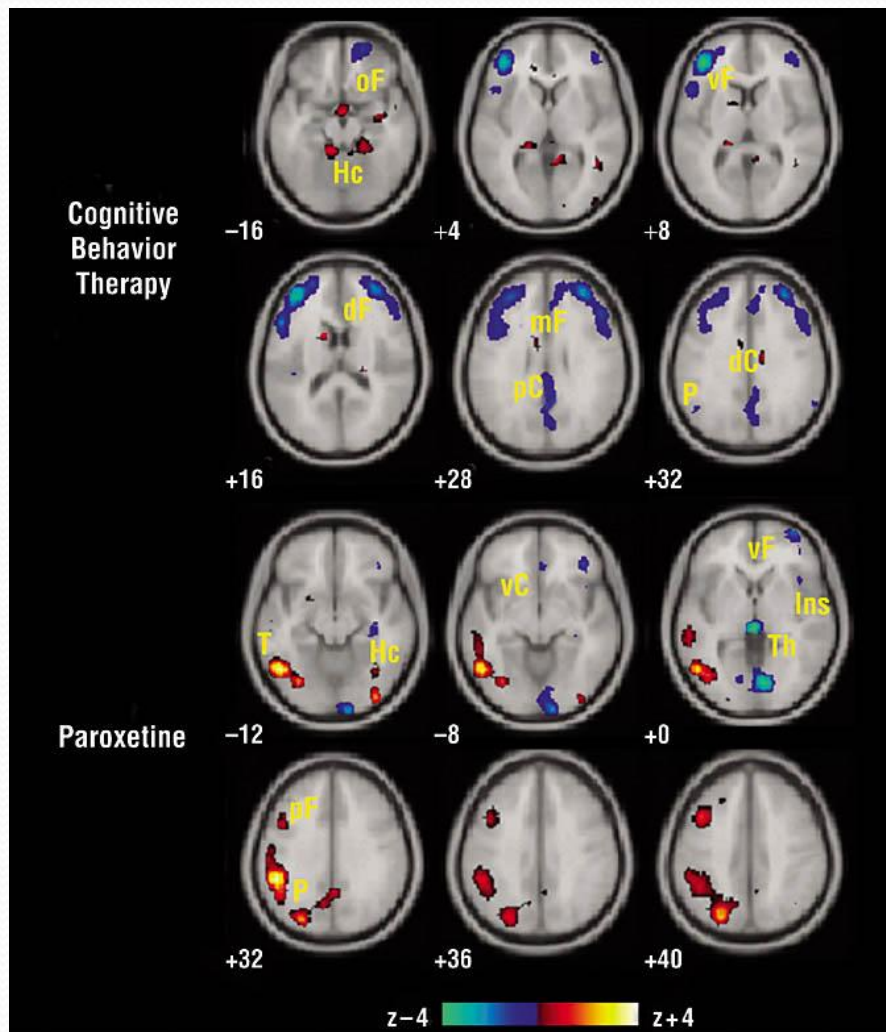
# *Cognitive behavioral therapy*

- Major Depression (mood disorder)
  - Cognitive Behavior Therapy (CBT) and Interpersonal Psychotherapy – 16-20 sessions as effective as imipramine treatment for less severely depressed patients.

Elkin I. Archives Gen Psych 46:791-982, 1989.

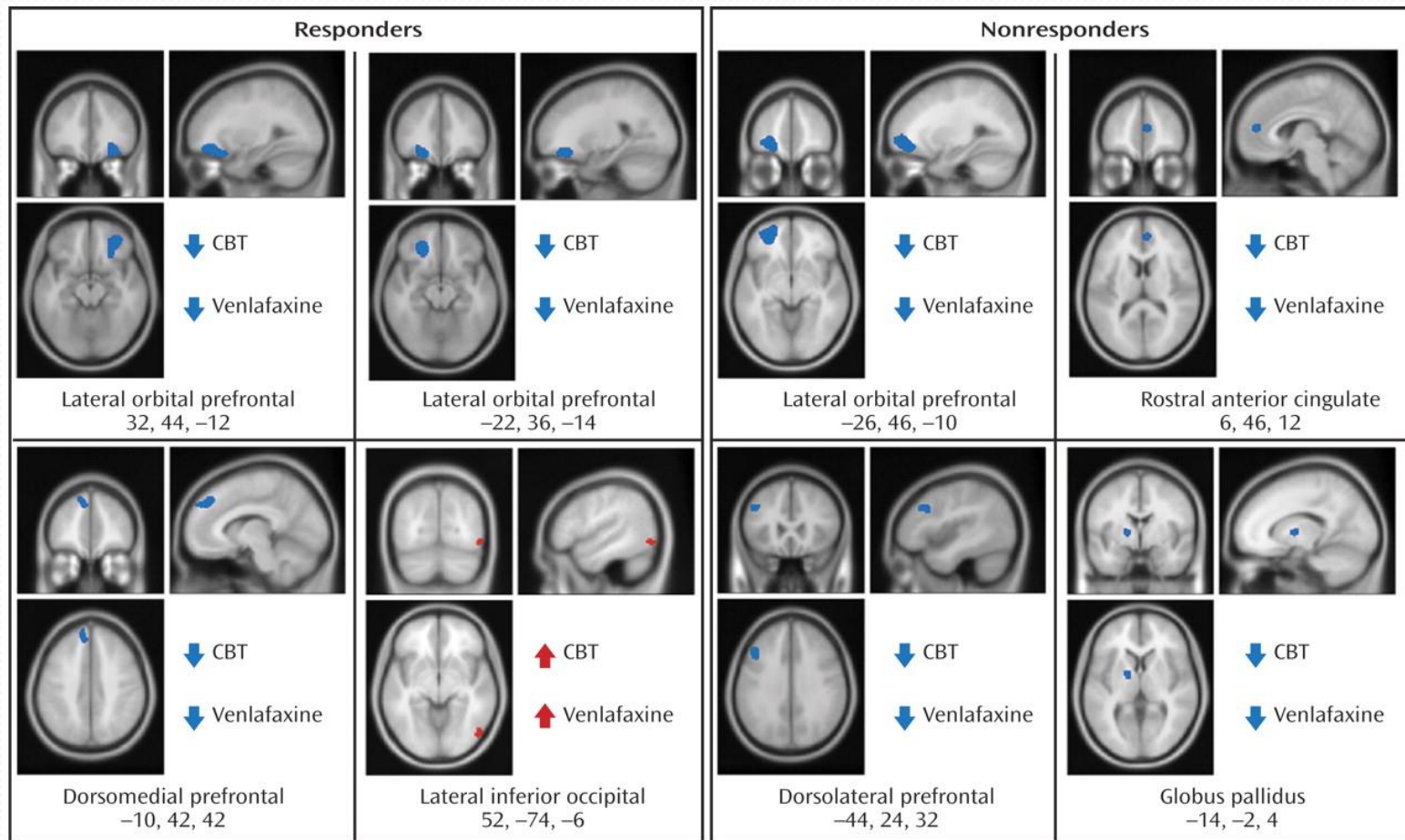


# Changes in regional glucose metabolism (fluorine-18-labeled deoxyglucose positron emission tomography) in cognitive behavior therapy (CBT) responders (top) and paroxetine responders (bottom) following treatment



Goldapple, K. et al. Arch Gen Psychiatry 2004;61:34-41.

# Glucose metabolism with CBT and venlafaxine





# *Cognitive behavioral therapy*

- Panic Disorder (anxiety disorder)
  - CBT – 16 sessions as effective as medication management, better tolerated and more durable in response.
- Obsessive Compulsive Disorder (anxiety disorder)
  - CBT (cue exposure and response prevention) as effective as medication management.

Barlow D. JAMA 283:2529-2536, 2000.

Kozak MJ. 2000

# *Dialectical behavioral therapy*

- Developed to treat borderline personality disorder
- The treatment itself is based largely in behaviorist theory with cognitive therapy elements
- Incorporates “mindfulness” (from Zen) as central component
- Therapists specially trained
- Patient has individual and group sessions
- Focus on self-destructive behaviors especially suicidality
- Skills learned: core mindfulness, emotion regulation, interpersonal effectiveness and distress tolerance



# *Dialectical behavioral therapy*

- Borderline Personality Disorder (personality disorder)
  - CBT (Dialectical Behavior Therapy) superior to “treatment as usual” for reducing parasuicide, medical severity of parasuicide, treatment drop-out, number of inpatient hospitalization days.

Linehan M. Archives of Gen Psych 48:1060-64

# *Other types of psychotherapy*





# *Group psychotherapy*

- Carefully selected participants meet in group guided by trained leader
- Leader directs members' interactions to bring about changes
- Participants get immediate feedback
- Patients may also have outside individual therapy
- Self-help groups enable members to give up patterns unwanted behavior; therapy groups help patients understand why

# *Group psychotherapy*



Encompasses theoretical spectrum of therapies: supportive, time-limited, cognitive-behavioral, psychodynamic, interpersonal, family, “client-centered” based on nonjudgmental expression of feelings



# *Family therapy*

- Intervention to alter interactions among family members and improve function
- Interrupt rigid patterns that cause distress
- Family systems theory: family units act as though their homeostasis must be maintained
- Therapy: discover hidden patterns and help family members understand behaviors
- Many models treatment exist
- Schedule and duration treatment flexible

# *Couples' therapy*

- Designed to modify interactions of persons in conflict.  
Restructures couples' interaction
- “Marriage counseling” different from therapy. More limited in scope
- Can be with couple or in group
- Indicated when individual therapy fails to resolve relationship difficulty
- Therapy geared toward enabling each partner to see each other realistically



*To do therapy or not to do  
therapy...that is the question!*


## *Selecting a therapy to utilize: Factor to consider*

- What is the patient comfortable with? Some patients are very fearful of treatments that do not feel structured and may do better with a CBT approach.
- How ready is the patient? The patient must possess adequate psychological and emotional strength to endure exploration.



## *Selecting a therapy to utilize: Factor to consider*

- Is a deconstructing or containing therapy appropriate?
- What are you trying to treat? Anxiety disorders and mild to moderate depression are very amenable to CBT.
- How much is the patient willing to invest? Long term therapy is a large commitment of time, energy and money.

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- There is no one “correct” therapy. The mode of therapy is matched to the patient and the issue they would like to address in treatment much like there is no one “correct” treatment for hypertension.



# *Take home points:*

- All psychotherapies have common features
- Psychotherapy is effective in treating a wide variety of psychiatric diagnoses
- Psychotherapy-related changes in brain activity are strikingly similar in specific psychiatric diagnoses
- There are many schools of thought in psychotherapy and there is no one “right” approach
- You must consider multiple “patient factors” when recommending psychotherapy