

CONTEMPORARY ISSUES IN CLINICAL PSYCHOLOGY

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- Clinical psychology focuses on the assessment, treatment, and understanding of psychological and behavioral problems and disorders.
- In fact, clinical psychology focuses its efforts on the ways in which the human psyche interacts with physical, emotional, and social aspects of health and dysfunction.

According to the APA, clinical psychology attempts to use the principles of psychology to better understand, predict, and alleviate “intellectual, emotional, biological, psychological, social, and behavioral aspects of human functioning” (APA, 2000)

Clinical psychology is both a science and an art. Findings from scientific investigations must be applied to the unique and special needs of an individual, group, or organization. What might be helpful to one person may not be to another even if they both experience the same diagnosis or problems.

- Contemporary clinical psychology uses integrative approaches to understand and address problems in human behavior.
- Although individual clinical psychologists may be closely aligned with particular theoretical perspectives on human behavior, most contemporary clinical psychologists also appreciate the integral roles of bio-psychological factors in health and illness.

The bio-psycho-social perspective emphasizes the interaction of biological, psychological, and social influences on behavior and psychological functioning.

The Four Major Theoretical Models in Clinical Psychology

- The Psychodynamic Approach
- First, the psychodynamic perspective holds that human behavior is influenced by intrapsychic (within the mind) drives, motives, conflict and impulses, which are primarily unconscious.
- Second, various adaptive and maladaptive ego defense mechanisms are used to deal with unresolved conflicts, needs, wishes, and fantasies that contribute to both normal and abnormal behavior.
- Third, early experiences and relationships, such as the relationship between children and their parents, play a critical and enduring role in psychological development and adult behavior.

- Fourth, insight into these mostly unconscious influences combined with working through them (discussing and integrating them into everyday life) help to improve psychological functioning and behavior.
- Finally, the analysis of the transference relationship that develops between the patient and therapist also helps to resolve conflicts and improve psychological functioning and behavior.

Case Study: Mary

Mary is a 60-year-old Irish Catholic Caucasian woman who experiences panic, weight, and marital problems and lives with her husband. She is the mother of three adult children and has never worked outside of the home. She is significantly overweight. Following the death of her father from a cardiac arrest when she was 5, she was raised by a single mother who also suffered from panic attacks and was the eldest of two children, having a brother two years her junior.

Presenting Problem: Mary experiences frequent and severe panic attacks involving symptoms of rapid breathing, trembling, faintness, and intense fear. During these episodes, which only occur outside her home, she fears that she will die of a heart attack. Her symptoms have confined her to her home and several other “safe” locations such as her church and her daughter’s house. She is also expressing some marital conflict centering around her perceived inability to work despite a recent financial setback in the home.

Table 5.1 Examples of Psychodynamic Techniques and Concepts

Free association	Stating whatever is on the patient's mind without filtering. For example, Mary is encouraged to say whatever is on her mind no matter how silly or embarrassing it may be to her.
Transference	Projecting the issues and dynamics between the patient and significant figures in their lives (e.g., mother, father) onto the therapist. For example, Mary's feelings of love and longing for her father are projected onto her male therapist.
Insight	Better understanding unconscious influences and impulses. Making the unconscious conscious. For example, Mary learns that she really hates her mother and her panic is partially a guilt reaction to her wish that her mother died when she experienced episodes of panic.
Working through	Assimilating and incorporating new insights into daily life. For example, Mary learns to accept and cope with her new insight concerning the hate she experienced regarding her mother.
Dream analysis	Understanding the unconscious influence of dreams in everyday life. For example, Mary reports that she had a dream that she came to a therapy session and her therapist was not there to see her. In discussing her dream, she reports fears of being abandoned by her therapist as well as other important figures in her life.
Countertransference	Therapist responding to the transference of the patient through projecting their needs, wishes, and dynamics onto the patient. For example, Mary's therapist experiences Mary as being similar to his mother and behaves toward her as he would behave toward his mother.

Table 5.2 Examples of Ego Defense Mechanisms using the Case Study of Mary

Repression	Mary's hate of her mother is so anxiety and guilt provoking she does not allow these feelings to become conscious—keeping them repressed into her unconscious.
Denial	Mary denies having hateful feelings towards her mother.
Reaction formation	Mary's hateful feelings toward her mother are so powerful and frightening that she feels and behaves in a very loving manner towards her mother. She expresses a great deal of affection for her and has difficulty not being in close contact with her.
Projection	Mary's dislike of her mother is projected onto her female therapist who she feels is cold, aloof, and uncaring.
Sublimation	Mary's hate of her mother has led her to channel these feelings into nonprofit organizations that work to prevent child abuse. She has become an active volunteer in efforts to help children who are abused by their parents.
Displacement	Mary's hate toward her mother can not be channelled toward her for fear of retaliation along with the experience of extreme anxiety and guilt. However, Mary becomes very irritable and critical of her husband for no apparent reason.

The Object Relations Perspective:

- The object relations theorists view infants as being relationship or object seeking rather than pleasure seeking. The early relationship with the mother provides the framework for the development of the sense of self. Thus, attachment to the mother provides the structure and approach for the development of psychological functioning and future relationships.
- Attachment to the mother may be either secure or insecure. These divisions provide a template for future interactions with the world in general.

Psychodynamic professionals today are likely to focus on early childhood experiences and relationships, the enduring personality structure of a person, and the influences of unconscious fantasies, wishes, and impulses. The analysis of dreams, transference, and resistance with the goal of increased insight into the unconscious are still important goals of current psychodynamic approaches.

The Behavioral and Cognitive-Behavioral Approaches

- Cognitive-behavioral perspectives include principles of operant conditioning, classical conditioning, social learning, and attribution theories to help assess and treat a wide variety of difficulties.
- For example, operant conditioning may be used to help a child improve his or her behavior and performance in a classroom setting. Contingency management (changing behavior by altering the consequences that follow behavior) and behavioral rehearsal (practicing appropriate behavior) may also be used.

Table 5.3 Examples of Cognitive–Behavioral Techniques and Concepts

Contingency Management	Changing behavior by altering the consequences that follow behavior. For example, Mary takes the bus after the friendly bus driver and her children offer social praise.
Counterconditioning	Developing a more adaptive response to environmental stimuli. For example, Mary does aerobic exercise when feeling anxious rather than taking antianxiety medication.
Exposure	Gradual or all at once approach to the feared situation or stimuli. For example, Mary is encouraged to gradually take longer and longer bus rides.
Behavioral Contract	An agreement between therapist and patient that outlines specific consequences of behavior. For example, Mary agrees to decrease coffee consumption by two cups per week until she no longer drinks caffeinated coffee.
Participant Modeling	Demonstrating the desired behavior for the patient. For example, Mary watches others confidently learn to drive a car without fear before she tries to do the same.
Behavioral Rehearsal	Practicing how one might handle a given problem situation. For example, Mary frequently practices diaphragmatic breathing techniques so that they become automatic.
Thought Stopping	Stopping irrational or defeating thoughts by interrupting the negative or problematic pattern of thinking (e.g., yelling “stop” to oneself, snapping an elastic band around the wrist) and inserting more positive and adaptive thoughts (e.g., “I can handle it, I’m as worthy of love as anyone else”). For example, Mary stops her thoughts that she cannot handle walking into the bank by yelling “stop” to herself when she finds herself engaged in maladaptive and negative thinking, and inserts more positive thoughts in their place such as “I enjoy my new found independence by going to the bank anxiety free.”

A therapist using a classical conditioning approach may choose to treat Mary's anxiety with systematic desensitization (SD; Wolpe, 1958). The therapist would ask Mary to create a hierarchy of anxiety-provoking situations from less anxiety-provoking situations such as walking on the sidewalk outside of her home to extremely anxiety-provoking situations such as flying in an airplane. The therapist would train Mary in a relaxation procedure and then pair relaxation with each of the anxiety-provoking situations that she would imagine. Thus, each step of the hierarchy would be paired with relaxation using classical conditioning strategies.

The Operant Perspective: The operant perspective of the behavioral approach originated with the work of B. F. Skinner. This viewpoint maintains that all behavior can be understood through a functional analysis of antecedents (the conditions present just before a target behavior occurs) and consequences (what occurs following the target behavior) of behavior. This is often referred to as Functional Behavioral Analysis or the A-B-Cs of behaviorism: Antecedents, Behavior, Consequences.

Mary, the patient with panic disorder, might receive reinforcement for her panic behavior (e.g., not having to work, attention from her husband and other family members). Intervention might include an analysis of the antecedents (the conditions present just before her panic symptoms) and consequences of her panic behavior followed by reinforcement of desired behavior (e.g., praise when Mary has no panic symptoms while taking a bus).

- An important variation concerning the role that expectations play in behavior involves the concept of self-efficacy (Bandura,1986).
- Self-efficacy refers to the belief that one can successfully perform a particular behavior.
- Mary is more likely to take the bus to the grocery store if she believes that she will be able to adequately cope with her anxiety by practicing positive self statements such as “I can handle this,” employing breathing techniques, and feeling confident that she can shop with minimal stress.

The Cognitive Perspective: Beliefs, Appraisals and Attributions:

- The cognitive perspective suggests that our beliefs, appraisals, and attributions play a significant role in behavior and behavioral problems.
- Appraisals include the manner in which we examine or evaluate our behavior. If Mary feels that her attempts to develop more independence are hampered by marginal skills and motivation, she will more likely fail.

- Attributions refer to theories regarding the causes of behavior. We generally make attributions about behavior based on several factors. These factors include the concepts of the internal versus external locus of control as well as situational versus dispositional characteristics. Internal locus of control refers to feeling that we have control and influence over much of our life experiences while external locus of control refers to feeling that we have very little control or influence over what happens to us

- Situational factors refer to external influences impacting behavior, and dispositional factors refer to enduring characteristics of the person impacting behavior.

- Albert Ellis (1962, 1977, 1980) and other professionals have focused on irrational beliefs and self-talk that lead to problematic feelings and behavior. For example, common beliefs such as “everyone should agree with me,” .
- Ellis and others use techniques such as rational-emotive therapy (RET) to help individuals think and process beliefs in a more rational manner. These techniques involve using logic and reason to challenge irrational and maladaptive thoughts and beliefs (e.g., “So do you really think that everyone you meet must like you in order to be a worthy human being?”).

The therapist helps Mary to see that her beliefs are irrational and unrealistic and encourages her to develop more adaptive self-talk regarding her anxiety (e.g., “Even if I’m anxious, I can still overcome my fear and take the

Aaron Beck (1963, 1976) developed cognitive therapy (CT) to treat depression and other disorders. Beck posits that as people develop, they formulate rules about how the world works that tend to be simplistic, rigid, and often based on erroneous assumptions. A schema or template develops to the extent that all new incoming data is filtered through these rules and distortions.

Thus, overgeneralization (e.g., “everyone at work hates me”), all-or-none thinking (e.g., “If I don’t get this job my career will be ruined”), or exaggeration or downplaying the meaning or significance of events (e.g., “my divorce was no big deal and didn’t affect me or my children at all”) are typical ways of interpreting our world and experiences. Problematic behavior and attitudes are associated with these unrealistic and erroneous rules and interpretation of events.

Marsha Linehan developed dialectical behavior therapy (DBT) to treat people experiencing borderline personality disorders (Linehan, 1993). DBT uses cognitive-behavioral strategies along with psychodynamic, client-centered, family systems, and crisis intervention perspectives. DBT focuses on acceptance of self and experiences along with efforts toward behavioral change.

These changes are sought through a three stage process that includes a pretreatment commitment phase, an exposure and emotional processing phase of past events, and a synthesis phase integrating progress from the first two stages to achieve treatment goals.

David Barlow's panic control treatments (PCT) developed to help those experiencing panic attacks (Barlow & Craske, 2000). In PCT, patients are exposed to the sensations that remind them of their panic attacks. For example, patients would participate in exercise to elevate their heart rates or shake their heads to create dizziness. Attitudes and fears about these induced panic-like symptoms are explored and demonstrated as harmless to the patient's health.

Table 5.4 Examples of Humanistic Concepts and Techniques

Active listening	Intense listening to the patient using paraphrasing, summaries, reflection, and other techniques.
Empathy	Conveying a sense of being heard and understood.
Unconditional positive regard	Fully accepting the feelings and thoughts of the patient.
Congruence	Being genuine in behavior.
Self-actualization	Innate movement toward growth and fulfilling one's potential.
Peak experiences	Moments when self-actualization is reached.

Assumptions of the gestalt approach include the notion that problems occur due to our inability to be truly aware of our current feelings, thoughts, and behavior and to our inordinate focus on the past and future rather than the present. The gestalt approach focuses on being keenly aware of one's here and now or present experience. The gestalt approach seeks to help people live in the immediate moment by frequently re-requesting that people work toward an awareness of current thoughts and feelings.

- An example of a more contemporary approach to humanistic models includes self-determination theory (Deci & Ryan, 2002;
- Sheldon et al., 2003). The approach focuses on three fundamental psychological needs of humans that include competence, autonomy, and relatedness. Nurturing these three needs tends to result in more psychological well-being moving a person toward self actualization (Sheldon et al., 2003).

Table 5.5 Examples of Family Systems Concepts and Techniques

Reframing	Altering the way one understands and interprets a given behavior. For example, Mary's panic might be reframed as an attempt to engage her husband in her life and assist him in feeling more manly.
Paradoxical intention	Prescribing the problematic symptom in order to combat resistance to treatment. For example, ask Mary to schedule a number of panic attacks each day.
Joining	Therapist attempts to connect with the family and become part of the family unit rather than act in an detached observer manner in the sessions.
Enmeshment	Over and maladaptive involvement in the lives of family members. For example, Mary's overinvolvement in her son's life results in her being highly critical of all work and relationship decisions that he makes that are not consistent with her interests.
Disengagement	Over detachment of one family member from others. For example, Mary's daughter has little interest in activities and functioning of the family and prefers to stay out of any emotional involvement with the family.

The Structural Approach: The structural approach was developed by Salvador Minuchin (1974) and focuses on altering and restructuring the pattern of relationships between family members. The structural perspective focuses on appropriate and adaptive levels of differentiation, enmeshment, and disengagement among family members (Minuchin, 1974; Minuchin & Fishman, 1981).

The Milan Approach: In the Milan approach, the professional is viewed as an integral part of the family system or unit (Boscolo, Cecchin, Hoffman, & Penn, 1987). The Milan approach highly values neutrality as well as acceptance and respect for the family system.

The Milan approach uses hypothesizing as well as positive, logical connotation (Selvini Palazzoli, Boscolo, Cecchin, & Prata, 1980) to assist in better understanding family dynamics. Hypothesizing helps to better understand the function and dynamics of the family, whereas positive, logical connotation reframes the behavior of the family in more positive and accepting terms.

The Strategic Approach: The strategic approach was developed by Jay Haley (1973, 1987) and others such as Milton Erikson (1980) to help professionals deal more effectively with resistance in their work. The approach utilizes very active and direct involvement by the clinician. The strategic perspective maintains that any attempt to change a member or set of members within a family system will be met with resistance and sabotage (conscious or unconscious).

The Narrative Approach: The narrative approach (M. White, 1986; M. White & Epston, 1990) holds that family members conceptualize their problems and concerns through a series of stories about their lives and various members of the family system. Using techniques such as externalizing and relative influence questioning, professionals assist family members in relating their stories in a more objective manner, allowing them to take a less negative and blaming approach to family problems.

Efforts toward Integration

- ❑ The integration of theoretical and treatment perspectives is challenging and complex. Each perspective has its own language, leaders, and practices.
- ❑ Efforts at integration tend to occur in one of three ways: (1) integrating the theories associated with each perspective, (2) developing an understanding of the common factors associated with each perspective, and (3) using eclecticism in a practical way to provide a range of available intervention strategies (Arkowitz, 1989, 1992).

- ❑ Paul Wachtel (1977, 1982, 1987, 2002) has been a significant contributor to the evolving framework of integration between the psychodynamic and behavioral points of view.
- ❑ Wachtel was one of the first professionals to integrate psychodynamic and behavioral approaches.
- ❑ Wachtel further notes that behavioral interventions can improve insight while insight can lead to behavioral change.

- ❑ Many psychodynamic thinkers have become interested in the cognitive influences of maladaptive beliefs about self and others in interpersonal relationships.
- ❑ Furthermore, interest in providing briefer treatments has resulted in the incorporation of cognitive-behavioral problem-solving strategies in dynamic therapy.
- ❑ Some psychodynamic approaches have also endorsed the behavioral and humanistic principles of focusing on the present or here and now.
- ❑ Contemporary cognitive-behavioral orientations have incorporated the psychodynamic view that attention must be paid to the nature of the therapeutic relationship between the therapist and patient as well as the need for insight to secure behavioral change

Eclecticism

- ❑ Professionals maintaining an eclectic or integrative approach to their work tend to use whatever theories and techniques appear to work best for a given patient or problem.
- ❑ Thus, once the psychologist has an adequate understanding of the patient's problems or symptoms, he or she uses strategies from various perspectives to design a treatment plan best suited to the unique needs of each patient.
- ❑ Lazarus (1971) argued that professionals can use techniques from various theoretical orientations without necessarily accepting the theory behind them

- ❑ A psychodynamically oriented psychologist might help a patient learn relaxation techniques such as diaphragmatic breathing or muscle relaxation in order to help control feelings of anxiety and panic.
- ❑ The therapy would continue to pursue the underlying basis for these symptoms while affording the patient some immediate relief.
- ❑ A cognitive-behaviorally oriented psychologist might ask a patient who is troubled by insomnia associated with frequent nightmares to describe his or her disturbing dreams and inquire about the patient's insights into these dreams.
- ❑ A humanistic psychologist might invite a patient to examine irrational beliefs. Irving Weiner stated that, “effective psychotherapy is defined not by its brand name, but by how well it meets the needs of the patient”.

- ❑ An excellent and influential example of an eclectic approach is the multimodal approach of Arnold Lazarus (1971, 1985, 1986, 1996).
- ❑ In the multimodal approach, treatment reflects the patient's needs based on seven aspects of behavior. These include behavior, affect, sensation, imagery, cognition, interpersonal relationships, and drugs (referred to as BASIC ID).
- ❑ Interventions include cognitive-behavioral techniques such as imagery, biological interventions such as medication, and humanistic strategies such as empty chair exercises and reflection.
- ❑ Although the work of Lazarus has a cognitive-behavioral slant, many noncognitive-behavioral techniques and approaches are used in the multimodal approach.

Bio-psychosocial Integration

□ Psychologists have increasingly utilized combined and multimodal psychological models and interventions, contemporary psychology has looked beyond even its own field into biological and sociological realms to enhance its scope and usefulness. The combined effects of biological, psychological, and social factors on behavior have led to the term bio-psychosocial, and represents an increasingly appreciated comprehensive approach in clinical psychology.

Biological Factors

- ❑ Since Hippocrates, the close association between biology and behavior has been acknowledged, but not always fully integrated into treatment. Recent advances in medicine and the biological sciences have furthered our awareness of the intimate connection between our physical and psychological selves (Institute of Medicine, 2001).
- ❑ It is well known that there is a strong genetic influence on physical characteristics such as height, weight, hair color, and eye color. Furthermore, it is well known that a variety of physical illnesses such as Huntington's chorea, phenylketonuria (PKU), Down Syndrome, heart disease, cancer, mental retardation, and psychiatric illnesses such as schizophrenia, bipolar disorder, and alcoholism have strong biological or genetic influences.

- ❑ Even personality traits such as shyness have been shown to have a genetic component.
- ❑ Brain functioning plays a significant role in human behavior. For example, serotonin is a neurotransmitter associated with a variety of instinctual behaviors such as eating, sexuality, and moodiness. Low levels of serotonin impulsive behavior and depression.
- ❑ Another neurotransmitter, dopamine, has been linked to schizophrenia. Therefore, many psychologists and others maintain that biological influences such as inherited characteristics and brain neurochemistry (such as the role of neurotransmitters) greatly influence both normal and abnormal behavior.

- ❑ Various types of psychotropic medications such as antipsychotic, anti-anxiety, and antidepressant medications are frequently used to treat a wide variety of emotional, psychological, and behavioral problems.

❑ Lithium is typically used to treat bipolar disorder (commonly referred to by the general population as manic-depression).

❑ Neuroleptics such as Haldol, Thorazine, and Risperdal are often used to treat psychotic

❑ disorders such as schizophrenia.

❑ The benzodiazepines such as Valium and Xanax are frequently used to treat anxiety-based disorders such as panic and phobia.

❑ Finally, tricyclics such as Elavil, the monoamine oxidase (MAO) inhibitors, and a class of medications called the selective serotonin reuptake inhibitors (SSRIs), which include Prozac, are used to treat depressive disorders. Tricyclics such as imipramine are also used to treat panic and phobic disorders.

❑ Electroconvulsive therapy (ECT) is frequently used to treat severe and resistant depression. The technique involves applying a small amount of electrical current to the patient's temples for about one minute while patients are sedated. The treatment results in a seizure or convulsion, which is subsequently associated with a reduction in symptoms in about 60% of the cases (Fink, 2001).

❑ These biological interventions are not without side effects. For example, the benzodiazepines can cause drowsiness, tolerance, and both physical and psychological dependence or addiction.

❑ Antidepressants such as Prozac can cause insomnia, nervousness.

❑ Anti-psychotic medication can produce muscle rigidity, weight gain, dry mouth, constipation, a shuffling walk, and an irreversible condition called tardive dyskinesia characterized by involuntary facial and limb movements. Tardive dyskinesia can render patients socially impaired if the symptoms cannot be managed by other medications.

❑ Although research has failed to find that ECT causes structural damage to the brain, relapse rates and memory deficits, usually associated with events occurring around the time of ECT administration, are a common problem.

Social Factors

Many clinical psychologists have begun to focus more on both cultural and social influences on behavior.

Individual behavior is often influenced by the cultural environment as well as by larger social and even political factors. Homelessness, poverty, racism, ethnicity, underemployment, abuse, and even the weather can influence behavior. Thus, individual human behavior cannot be viewed apart from the larger social context.

Compelling research has demonstrated that developing schizophrenia is 38% more likely for those living in urban environments relative to rural environments

Social relationships appear influential in protecting individuals from a variety of physical and psychological problems including depression, hypertension, and alcoholism. Social factors can be damaging as well. Social influences can be so powerful that they can even lead to death. For example, disease and death frequently closely follow separation from a spouse through death or divorce. This relationship is especially common among elderly men.

The powerful influences of cultural and ethnic background as well as social issues such as poverty, homelessness, racism, violence, and crime have been associated with psychological functioning and human behavior, lending support to the importance of more global social and systems thinking .

Synthesizing Biological, Psychological , and Social Factors in Contemporary Integration

Several theories have influenced the development of this integrative and contemporary bio-psychosocial perspective and a brief review of them is warranted. This group includes the diathesis-stress perspective, the reciprocal gene-environment perspective, and the psy-chosocial influence on biology perspective.

The Diathesis-Stress Perspective

The diathesis-stress perspective is a causal perspective for illness or problems. It suggests that a biological or other type of vulnerability in combination with psychosocial or environmental stress (e.g., divorce, financial troubles, unemployment) creates the necessary conditions for illness to occur.

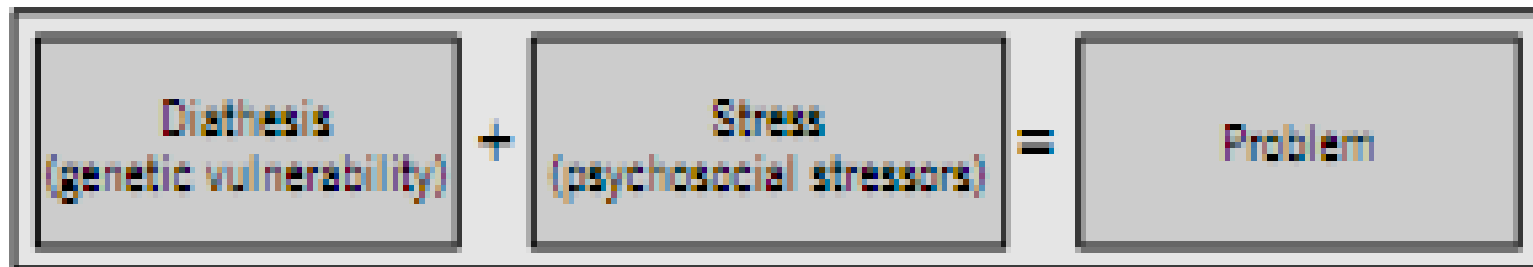


Figure 6.1

The diathesis-stress model.

The Reciprocal-Gene-Environment Perspective

- ❑ Some argue that genetic influences might actually increase the likelihood that an individual will experience certain life events. Thus, certain individuals may have the genetic tendency to experience or seek out certain stressful situations.
- ❑ Someone with a genetic predisposition toward attention deficit hyperactivity disorder (ADHD) is likely to be impulsive. This impulsivity might result in making poor decisions concerning potential marital partners leading to divorce and other relationship problems.

Psychosocial Influences on Biology

- ❑ A theory suggests that psychosocial factors actually alter biology. Social status has also impacted hormone production such as cortisol which impacts stress (Institute of Medicine, 2001).
- ❑ Other psychosocial factors appear to impact biological functioning as well. For example, social isolation, interpersonal and environmental stress, pessimism, depression, and anger have all been found to be closely associated with the development of various illnesses and even death.
- ❑ These illnesses include cardiovascular disease such as hypertension and heart attacks as well as cancer.

Development of the Bio-psychosocial Perspective

- ❑ In 1977, George Engel published a paper in the journal *Science* championing the bio-psychosocial perspective in understanding and treating physical and mental illness. The bio-psychosocial perspective suggests that the biological, psychological, and social aspects of health and illness influence each other.

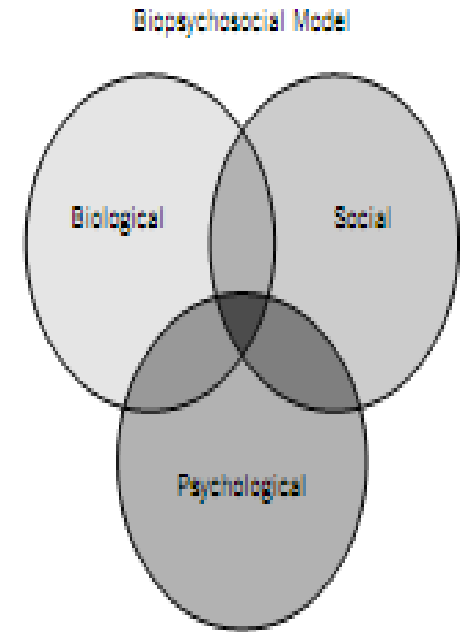


Figure 6.2

The integrative biopsychosocial perspective.

- ❑ It is important to mention that the bio-psycho-social approach is not another term for the medical model. Nor is it another term for a biological approach to psychology and clinical problems.
- ❑ The bio-psycho-social approach is contextual and states that the interaction of biological, psychological, and social influences on behavior should be addressed in order to improve the complex lives and functioning of people who seek professional health and mental health services

Application of the Bio-psychosocial Perspective to Contemporary Clinical Psychology Problems

Obsessive-Compulsive Disorder

- ❑ Obsessive-compulsive disorder (OCD) is an anxiety disorder involving obsessions (recurrent and persistent thoughts, images, impulses) and compulsions (repetitive behaviors such as hand washing, checking, ordering, or acts).
- ❑ Brain imaging techniques have failed to find structural differences between those with and without OCD.
- ❑ OCD patients are believed to have less serotonin available than non-OCD controls

- ❑ A specific trauma to the brain can result in OCD in individuals never troubled by obsessions or compulsions. Evidence has also shown that psychological interventions such as the cognitive-behavioral techniques of exposure and response prevention can alter brain circuitry.
- ❑ Thus, an interaction between biological and psychological influences is likely to create or reduce OCD behavior. Additionally, social influences such as culture, religious faith, and social support influence the nature, course, and prognosis of OCD.

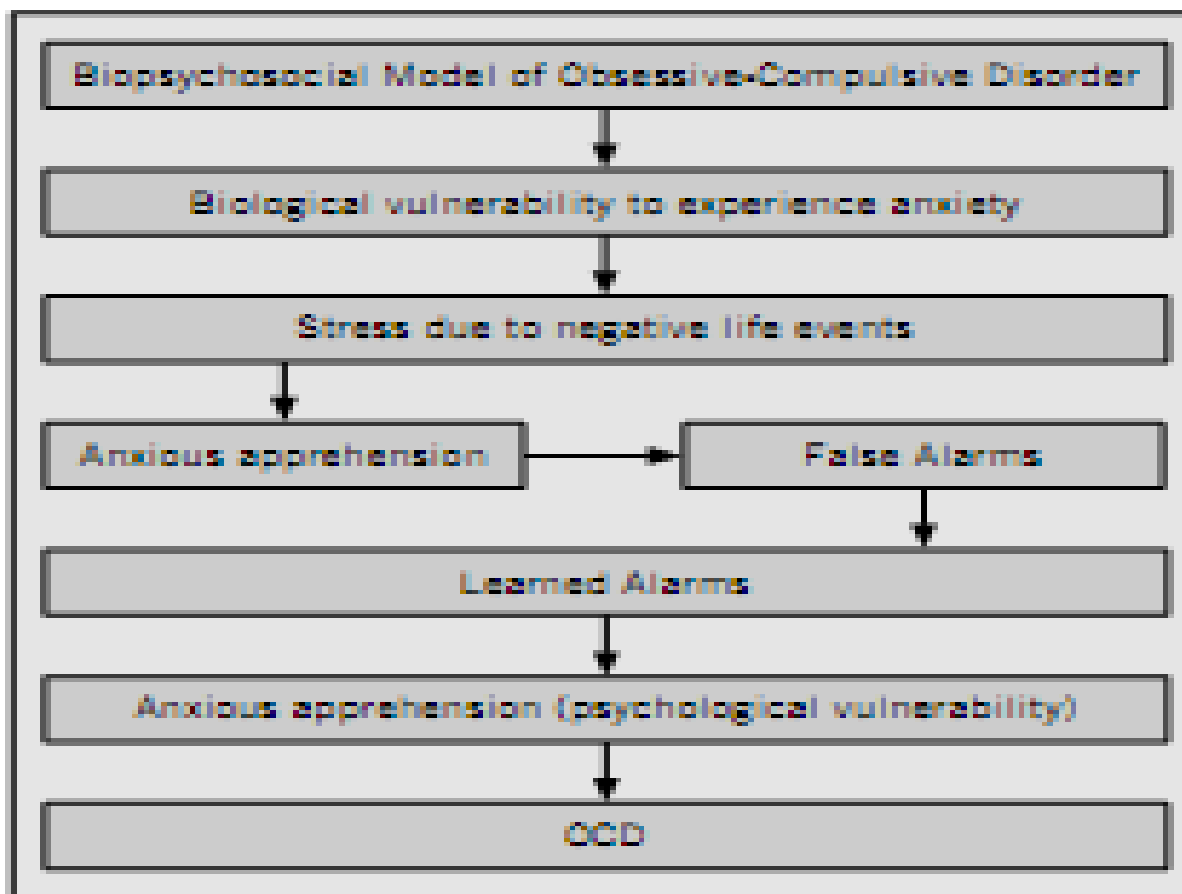


Figure 6.3

Biopsychosocial perspective of obsessive-compulsive disorder according to Barlow (1988).

Conclusion

- ❑ The bio-psycho-social perspective provides invaluable and comprehensive means of understanding and treating a wide variety of physical and emotional problems.