Psych020: Chapter 14 (cont'd)

Psychological Assessment and Treatment

Tuesday April 8, 2008

SUICIDE

- Suicide - 3500 annually in Canada
- Devastating effects on survivors (who themselves have 300% higher suicide rate)
  - Some develop PTSD

More women that men attempt; more men than women die by suicide (more lethal methods)

MYTHS about Suicide

- People attempt suicide just to get attention
- If you talk to someone about their suicidal feelings, they're more likely to attempt suicide
- All those who commit suicide are depressed
- If someone wants to commit suicide, there is no way to stop them.

Suicide Risk Factors

Biological Factors

- Suicide is not hereditary
- Biological predisposition for certain mental illnesses which may in turn lead to suicide

Psychological Factors

- Presence of a psychological disorder (e.g. depression, schizophrenia, substance abuse)

Cognitive factors

- Negative attitudes
- Hopelessness
- Problem solving deficits
- Restricted thinking
- Rumination

Emotional Factors

- High levels of negative emotion
- Difficulty regulating emotion

Learning Theory

- "Contagion effects"

Environmental Factors

- Lack of social support
- Stress reactions
- Major loss

Preventing Suicide

Warning Signs

- Suicide threats
- "leave taking" behavior (e.g. will, giving away possessions)
- Sudden improvement in mood

Preventing Suicide

- commitment to mental health.
- seeking support (or professional help).

"Keeping the fatal secret?" => confessions of suicidal ideation are not a secret that should be kept

Biologically Based Therapies

- Psychiatry – medication and surgical procedures

- Psychosurgeries – surgical procedure to remove or destroy brain tissue in order to alter behavior
- Moniz – Prefrontal Lobotomy
    - Nobel Prize (1946)
    - Performed from 1935-1955
- Minor surgeries still performed (e.g. cingulotomy)
    - Lesion in cingulated gyrus to treat severe OCD

Biologically Based Therapies

ECT (Electro-convulsive therapy)

- Electric shocks administered to brain
- Seizure alleviates depression by altering brain chemistry (serotonin, dopamine, norepinephrine) (no specific explanation for results)
- Effective for severe depression.
- Only used when drug therapies ineffective or inappropriate.

Long term effects (New 2007 study)

- Some memory loss is permanent
- Loss of intelligence (30 IQ points)

Transcranial Magnetic Stimulation (TMS)

Procedure

- Hand held wire coil to produce a controlled, rapidly fluctuating magnetic field
- Applied to left prefrontal cortex area

Effectiveness

- TMS 55% showed a decrease in depression symptoms
- Similar for ECT, but TMS considered safer (e.g. no memory effects)
- Unsure why it works?
- Theorized that it increases blood flow and chemical activity in the treated area

Drug Therapy: The Pharmacological Revolution

Antipsychotic Drugs

- Chlorpromazine – effective in treating schizophrenia positive symptoms (e.g. hallucinations)
- Block dopamine
- unpleasant side effects – tardive dyskinesia (involuntary spasms)
    - Clozapine - Also linked to diabetes and immune system dysfunction

Three Types of Anti-Depressants

1. Tricyclics (Tofranil) – inhibits reuptake of serotonin and norepinephrine
2. MAO Inhibitors (Nardil) – work by disabling enzymes that would normally metabolize and inactivate neurotransmitters at the synapses (SO, > levels of SE, NE and DA)
3. Serotonin Selective Reuptake Inhibitors SSRIs (Prozac) – inhibits reuptake of serotonin. (least serious side effects)

Mood Stabilizing Drugs

- Lithium evens out mood swings of bipolar patients
    - 60-70% patients respond well
    - Must be carefully monitored (overdose can be lethal)
    - Unsure why this treatment is effective

Haloperidol – also used to treat mania, agitation and hyperactivity (tranq)

Anti-Anxiety Drugs

- Alcohol
    - Side effects
- Barbiturates
    - Sleep medication
- Benzodiazepines
    - Valium, Ativan, Xanax
    - Enhance GABA activity (inhibitor), calming CNS

Problems

- Can produce dependency
- Masks symptoms; therefore one may not deal effectively with stressors. (band-aid)

Psychotherapy: any formal treatment of a mental disorder using psychological means

Clinical psychologists are licensed to treat disorders (usually integrative)

- They work in a variety of locations:
  - Private practice
  - University counseling centers
  - Educational settings (more assessment than treatment)
  - Hospitals (inpatient/outpatient and behavioural medicine)
  - Psychiatric hospitals
  - Forensic settings

Who seeks treatment?

- 15% of U.S. citizens in a given year
- 30% of Americans in their lifetime, up from 13% in the mid 1950s
- most common presented problems: anxiety and depression
- those who are most likely to seek treatment include females, those whose medical insurance covers treatment, and those at higher education levels
- 1st contact for treatment is typically through the family physician, who often (but not always) provides referrals to mental health specialists

Behaviour Therapies

- Assumptions: new behaviours can be learned, behaviour is learned and can be unlearned
- The focus is on changing maladaptive patterns of behaviour
- Initial theories based on achieving change through operant and classical conditioning techniques; symptoms viewed as the main problem
- Utilizes learning principles to alter reactions and/or behaviour
- ABCs of behaviour therapy:
  - A – antecedents (what elicits the behaviour?)
  - B – behaviour
  - C – consequences

Treatments

<u>Exposure-based treatments</u>

1) Systematic desensitization: reducing anxiety through counter-conditioning

- gradual increase in exposure to feared stimulus while engaging in relaxation techniques

- strategy is to develop a fear hierarchy, and develop relaxation training; forms of presentation include:
  i) imagining the stimulus

  ii) virtual reality

  iii) in vivo – presenting the actual stimulus

2) Flooding: reducing anxiety through extinction via complete exposure to the feared stimulus and eventually habituation occurs

3) Behaviour Therapy – inspired by operant conditioning

- uses positive reinforcement to change behaviour, strategy is to ignore the unwanted behaviours and positively reinforce the desired behaviours (e.g. token economies)
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4) Aversion Conditioning

- pairing an aversive negative stimulus with an undesired behaviour
- e.g., substance abuse – antabuse, violently ill when combined with alcohol
- e.g. sexual offenders administered shock therapy while fantasizing about targets

Cognitive-Behavioral Therapy

- Combines cognitive factors with learning therapy
- Assumptions: thoughts and attitudes affect feelings and behaviour
- Concentration is on altering maladaptive or distorted thinking

Rational-Emotive Therapy (Ellis)

- Therapist's goal is to detect, challenge and overcome irrational beliefs to correct emotional problems
- Little/no focus on childhood experiences

- Illogical patterns of thought targeted though this type of therapy:
  - Catastrophizing – blowing things out of proportion
  - Overgeneralization – making sweeping conclusions
  - All or nothing thinking – dichotomous perceptions
  - Magnifying the importance of negative events and explaining away positive events/occurrences (selective perception)

Beck's Cognitive-Behaviour Therapy

- Focus is on restructuring automatic negative thinking patterns
- Goal is to detect cognitive tendencies that lead to depression (e.g. distorted thinking)
- Blend of insight and behaviour therapy

- Patients are given "homework" assignments (e.g. monitoring thoughts/feelings/behaviours)

Eye-movement Desensitization & Reprocessing (EMDR)

- A form of operant therapy
- Reduces fear and anxiety by holding upsetting thoughts in your mind while rapidly moving your eyes from side to side
- Integrates traumatic memories
- Exposure therapy or something more?
  - This is slightly more effective than other exposure therapy, also easier for patients to tolerate than homework assignments
  - Easier to tolerate full exposure

Evaluation of Cognitive-Behaviour Therapies

- Strengths:
  - there is research to substantiate effectiveness of these techniques
  - very effective for depression and anxiety
  - easy to measure progress
- Weaknesses:
  - Can be work intensive
  - Too restrictive for some clients (step-by-step)
  - Not that effective for severe pathology (e.g. personality disorders)

Psychoanalysis

- Based on Freud's psychodynamic theory
- Goal is insight – bringing to awareness one's unconscious motivations)
- By exposing these repressed desires, patients are freed from the anxiety they create
- Resolves emotional problems

Psychoanalytic Treatment

- Repression – patients often blocked shameful, repulsive or anxiety-provoking material during free association

- Accessing unconscious:
  - Freud thought that dream analysis was the "royal road to the unconscious"
  - Forbidden desires hidden in latent meaning (vs. manifest behaviours → obvious meaning)
  - Freudian slips (parapraxes) – slips of the tongue that help reveal unconscious content

Treatment Goals and Process:

1) Bring unconscious conflicts into conscious awareness

2) "work through" these conflicts:

- must uncover the root of the symptom
- expression regarded as catharsis or relief
- therapist is to be a 'blank projection screen'

3) Interpretation – therapist points out, explains and teaches the meanings of whatever is revealed (therapist is the expert; client cannot self-diagnose because they distort)

4) Treatment Process

A) Dream analysis (examining latent and manifest meaning)

B) Free Association

C) Resistance – patient will become avoidant when approaching difficult anxiety-provoking material

D) Transference:

- Patient will react to therapist as they did to their parent
- Feelings and reactions could include sexual
- The focus must be to develop insight

E) Counter-transference--2 types:

i) Therapists' reaction to the patient based on the therapists' past

ii) Therapists' reaction to patient based on patient's behaviour

- Can provide important information into how others react to patient
- It is important for therapist to know what reactions are based on 'their own history' as opposed to a reaction to the patient

- Freud held that all psychoanalysts must undergo psychoanalysis both to understand the process and themselves

Jung's Analytic Psychology

GOALS OF TREATMENT PROCESS

- Facilitate wholeness & integration of opposites
- Establish a dialogue between the conscious & unconscious in order to achieve psychic equilibrium
- Free word association
- Used dreams & artistic expression to tap collective unconscious & archetypes

- an individual's images reveal hidden possibilities & thereby help the person find meaning & wholeness in life.

EVALUATION OF CLASSICAL PSYCHOANALYSIS

STRENGTHS

- Most appropriate for anxiety disorders
- Geared to YAVIS clients: (Young, Attractive, Verbal, Insightful, Successful)

LIMITATIONS

- Costly & time-consuming
    - based on scientifically unproven theories
    - insight may NOT lead to behavior change

VARIATIONS OF PSYCHODYNAMIC THERAPY

Interpersonal Psychotherapy

- Sullivan (1953) adapted from Freud's earlier work
- importance of early relationships in personality & anxiety

ASSUMPTION:

- clients will reenact relational patterns with the therapist in sessions.

- Therapist relationship - insight into relationship & communication patterns

Object Relations Therapy

GOAL: Replace "Bad relational expectations with good ones. (i. e. "corrective emotional experience")

* Therapeutic relationship is the primary vehicle of change.

* Real relationship

- process comments

- interpretation

(of relational processes)

Evaluation of Object Relations Therapy

STRENGTHS:

- useful for personality disorders
- focus on relationships

LIMITATIONS:

- longer-term
- more difficult to test effectiveness

Humanistic Therapy

ASSUMPTIONS

- Each client is unique & has the potential for reflective consciousness,

& self-determination.

- Self-Actualizing or growth tendency
- Individuals not determined by past or environmental factors.
- Treatment involves removing <u>environmental</u> conditions that block growth & development

CLIENT-CENTRED THERAPY (Carl Rogers)

- emphasizes supportive emotional climate
- concentrates on eliminating irrational <u>conditions of worth</u>

<u>3 conditions for therapeutic climate</u>

1. genuineness
2. unconditional positive regard
3. Empathy

* role of therapist is clarification (through reflection)

GESTALT THERAPY *(Fritz Perls)*

- Goal: increase individual's awareness of their own feelings
- help clients rebuild thinking, feeling, & acting into connected wholes.
- More directive & confrontational than other types of humanistic therapy.
- Present focus
- **Techniques**
  - role playing
  - imaginary dialogue
  - expressing pent-up feelings

Logotherapy (Victor Frankl)

- Concentration camp survivor
- each individual's unique quest for meaning.

LOGOTHERAPY *("Meaning" therapy)*

- help client become aware of their uniqueness, & the unique meaning of their experience.

** personal responsibility*

THERAPEUTIC TECHNIQUES

1. Paradoxical Intention - humorous exaggeration of symptoms

2. *Dereflexion* - draw attention away from the symptom.

3. Socratic dialogue / modification of attitudes - Specific questions to raise into consciousness life meaning

Evaluation of Humanistic Therapies

- Client-Centred
- Gestalt therapy
- Logotherapy
- **STRENGTHS**
- Empathy, positive regard - very important in developing therapeutic alliance
- Client as “expert”
- **LIMITATIONS**
- Not sufficient for severe pathology
- Vague process

Factors Effecting Therapy

A. Client Variables:

1. Openness to therapy.
2. Self-relatedness
   - ability to experience & understand internal states, thoughts & feelings.

B. Therapy Variables:

1. Quality of the therapeutic relationship
   - Empathy
   - Genuineness
   - unconditional acceptance

C. Fit between problem & type of treatment

D. Fit between client & type of treatment

E. Length of treatment

- greatest change in first 6 months
- maintaining change?

Similarities across all Effective Therapies

1. Therapeutic Alliance:
   - Caring/trusting relationship between client & therapist
2. Protected setting
   - where client can explore & express thoughts & feelings.
3. Offer an explanation or rationale for the client's suffering
4. Provides client with a new perspective about themselves or their situations
5. Practice new behaviors
6. Foster optimism, self-efficacy, & hope that clients can overcome difficulties

Comparative Treatment Outcome Research

MEDICAL OR PSYCHOLOGICAL APPROACHES?

Comparative Outcome Studies

Baxter (1992) - PET scan studies in the treatment of OCD

- both biological (Rx) & psychological treatments change thoughts, emotions, & behavior.
- both also change brain chemistry