The Psychological Therapies

Introduction

This section is intended to describe the general area of psychological techniques that are applied in psychiatric and general medical practice to relieve the suffering of the patient. The subject is an important one, but is often confused by a plethora of terms, some of which may have different meanings in different settings. Thus, words like "counselling" or "psychotherapy" can be used to refer to all forms of psychological intervention. However, counselling also refers to a specific form of "client centred" treatment devised by Carl Rodgers and psychotherapy is often taken to be synonymous with forms of treatment derived from psychoanalytic models of understanding human behaviour. Knowledge of the precise meanings of such terms is less important than an understanding of the principles involved. It is the latter which forms the aim of this section, so that students may have guidelines for rational decision making regarding the appropriateness of particular forms of treatment for patients.

There are several features that are common to all forms of psychological therapy:

- An intense confiding relationship
- They take place in a healing setting (surgery, clinic, community mental health centre)
- They are founded on rationales of therapy (model of understanding normal/abnormal behaviour or states of mind)
- They involve a therapeutic procedure.

Good therapists share several characteristics, most of which have to be developed through practise and training.

- Accurate empathy refers to the therapist's ability to perceive what the patient is experiencing.
- Positive regard is the attitude of respect to the patient as a person, which underlies a good therapeutic relationship.

These qualities are also important for the development of good doctor/patient relationships in all settings.

Broad "Types" of Therapy

The therapeutic approaches which are discussed in this section can all be used in a variety of different settings.

Individual Therapy

In this situation the therapy is used by one therapist with one individual patient.

Couple Therapy

The techniques are applied to both partners in a relationship, usually a marriage with either one or two therapists. In psychosexual therapy the methods used may include combination of therapeutic techniques directed towards the resolution of a sexual problem within the relationship.

Family Therapy

A group of family members comprising one or more generations of the same family are treated by one or more therapists.

Group Therapy

Supportive, behavioural, cognitive and psychodynamic approaches may be applied to the treatment of groups of patients. Typically around eight individuals who are previously unknown to each other, meet together with one or more therapist. Examples include anxiety management groups and social skills groups, where combinations of cognitive and behavioural techniques especially modelling, are used to treat specific problems which are experienced by all group members. Dynamic psychotherapy can be practised in a group setting where the presence of greater numbers of individuals allows a wider variety of transference relationships to develop. Self-help groups are frequently an important part of the approaches used by voluntary organisations and these may enlist any of the techniques and approaches outlined above, but will particularly focus upon supportive techniques.

Patient Selection

There are no hard and fast rules governing suitability of patients for particular therapeutic techniques. The clinical indications given above, are a broad outline. The basic principles of selection are:

- Patients who are vulnerable to psychotic breakdown are unsuited to the non-directive approaches
- Patients who have little capacity of making and sustaining relationships
- Patients who are less verbally able are also relatively unsuited to non-directive approaches.

For such individuals supportive techniques may be most appropriate and they may occasionally benefit from a structured directive therapy involving behaviour and possibly cognitive techniques.

Supportive Psychotherapy

Characteristics

This is a widely used approach used by many different health professionals in both mental and physical health settings. It is used to facilitate optimal adjustment, either to situations of ongoing stress, such as in chronic mental or physical illness, or in acutely stressful situations such as following bereavement. Supportive psychotherapy may consist of a large number of brief contacts over a long period of time or of a few extended sessions during a brief period.

Key Elements

Careful listening including encouragement of the expression of emotional material (ventilation).

Explanation/education to increase the patient's understanding of their situation coupled with appropriate reassurance may boost self-confidence and hope.

Guidance involves giving advice usually with reference to a specific problem, such as when to seek help.

Client Centred Counselling

Characteristics

Client centred psychotherapy is frequently used by social workers and pastoral counsellors. There are no specific indications for the use of this approach in clinical settings, it is most often used to enable the patient or client to achieve greater levels of self-acceptance and personal growth.

Key Elements

Client centred psychotherapy is non-directive - that is the therapist's role is to listen whilst the client ventilates his/her feelings and describes their current problems. The therapist helps the client to clarify the major issues but leaves decisions to the client and withholds giving advice or interpretations. A major task for the therapist is to demonstrate their acceptance of the client through empathy, warmth and genuineness. The underlying philosophy of client centred therapy is that the solutions to problems lies within the client and through the therapeutic relationship, discussion of problems can lead to self-actualisation - that is an enhanced sense of self-confidence and acceptance.

Behavioural Therapy

Characteristics

Behaviour Therapy is a term used to describe a number of techniques which are based upon learning theory and which specifically focus upon changing symptoms or unwanted behaviours. Behaviour modification refers to a particular group of techniques based upon operant conditioning and behavioural psychotherapy generally refers to all other forms of behavioural treatment.

Behaviour therapies are most frequently encountered in mental health settings where they are practised by clinical psychologists, psychiatrists and psychiatric nurses. Behavioural psychotherapy is generally used in a highly structured short-term treatment to correct neurotic symptoms such as phobic anxiety and panic attacks. Behaviour modification is often used in institutional settings such as units dealing with people who have chronic mental health problems such as chronic schizophrenia and mental handicap hospitals to correct problems such as lack of motivation or repeated self-damaging behaviours.

Key Elements

Desensitisation involves exposure to feared or anxiety provoking situations. In this approach the patient is taught to use relaxation as a substitute for the fear response. Patients progress through a hierarchy of situations beginning with those that evoke little fear and ending with the most difficult situations. This approach has been particularly useful for the treatment of agoraphobia. Its principles are also in common parlance where people are advised to get back "behind the wheel" or "into the saddle" after accidents.

Response prevention is a modification of desensitisation used in the treatment of compulsive rituals. Patients are exposed to situations of increasing anxiety provocation in which they would normally neutralise the anxiety by performance of a ritual. The patient is instead persuaded to refrain from performing the ritual and with repeated exposure the distress provoked by resistance is diminished.

Modelling, an aspect of social learning theory, is used in group approaches designed to overcome deficits in skills such as assertiveness or social skills.

In behaviour modification the therapist's role is to produce a detailed behavioural analysis of the patient's problem behaviour by observing and describing the Antecedents to the behaviour, the Behaviour itself and the Consequences of the behaviour (the ABC approach). The aim is to identify the pattern of reinforcement which maintains the problem behaviour and

with this information change the pattern of rewards and reinforcements so that the behaviour is less likely to occur and a substitute behaviour more likely.

Further details of this form of psychotherapy are contained in a more comprehensive section (Behavioural Psychotherapy).

Cognitive Behavioural Therapy

Characteristics

Recent years have seen an increased interest in the use of cognitive techniques. The therapy was begun by Beck in the 1960's. Such approaches have been shown to be effective in the treatment of major depressive disorder, generalised anxiety, panic, obsessive compulsive disorder and eating disorders, especially bulimia nervosa. It has also been shown to be useful in the treatment of psychosis, personality disorders and in patients suffering from ill health (such as chronic pain and cancer). It is a brief problem-focused therapy. Courses of treatment typically being around 8-12 sessions in duration, with an emphasis on homework tasks to be performed between therapy sessions.

Key Elements

Cognitive techniques are derived from the cognitive model of psychiatric disorders, which emphasises the role that a person's evaluation of events has in determining their emotional and behavioural reactions. Events may be external, such as losing a job ("I'm no good," "I'm all washed up," "its not fair, the world is a terrible place," "I'll never find another job") or internal, such as a pain in the leg ("this could be cancer," "I'll be crippled with arthritis"). These thoughts which evaluate an experience are known as cognitions. Cognitions may also include images such as themselves deformed or in pain, or sitting on the settee watching daytime TV!

Cognitions result from events activating schemata (core beliefs and assumptions with which a person shapes their understanding of and attitude to the world - basically using past experience to rapidly understand their environment). In depression for example, events may lead them to draw negatively distorted conclusions about them themselves, the world and the future (the negative cognitive triad). This is illustrated in the example above. Such cognitions (or Negative Automatic Thoughts, as they are sometimes called) would lead to unpleasant emotions such as sadness, hopelessness, depression and unhelpful behaviours such as withdrawal, inactivity, suicidality etc., which serve to reinforce such evaluations.

Dysfunctional schemata are typically rigid and unrealistic:

- "I must succeed in everything I do"
- "If I ask for help then I am a failure"
- "I can only be happy if other people love me"

Cognitive therapy is a collaborative approach; that is the therapist does not direct the patient to do certain things or persuade them to change their views. Rather, working together, therapist and patient select the best approach for a particular problem. The therapist helps the patient to recognise their unhelpful or dysfunctional thoughts and to seek alternative interpretations. Behavioural techniques may be incorporated in order to generate new experiences which may test the validity of the patient's thoughts.

Psychodynamic Psychotherapy

Characteristics

In the NHS psychodynamic psychotherapy is practised by psychiatrists, psychologists, social workers and other professionals who have received additional specialised training in these techniques. Many practitioners have themselves undergone a period of personal psychotherapy as a component of their training. It is used to treat neurotic symptomatology and milder forms of personality disorder, especially where the patient has recurring problems in maintaining appropriate adult relationships.

Long-term dynamic psychotherapy aims to bring about extensive change in several aspects of a person's functioning. It is a prolonged treatment typically comprising of hourly meetings every week for periods of time up to three years.

Short-term or focal dynamic psychotherapy is a modification of the approach in which attention is focused on only one area of the person's experience. This shortens the amount of time required and usually this form of treatment requires between 10 and 20 sessions.

Key Elements

In the early stages of treatment by dynamic psychotherapy, the therapist's role is to establish the *therapeutic relationship* in which an atmosphere of trust and acceptance is created allowing the patient to disclose intimate information about themselves. As the patient explores the hidden facets of him/herself links between current experience and events in the past are made so allowing the patient to gain insight.

Of particular interest are the thoughts, feelings and behaviours which arose in important relationships in the patient's past, especially towards his/her parents. During the course of dynamic psychotherapy, such thoughts, feelings and behaviours may become transferred onto the therapeutic relationship and re-experienced in the course of therapy. The interpretation of this *transference* is an important task of the therapist. It may also be important for the therapist to interpret the mental tricks of *defences* that the patient habitually uses to protect them from the effects of powerful and pleasant feelings. The automatic or unconscious use of such defences is universal, but the overuse of certain mental defence mechanisms may be a component of the psychopathology that the patient presents for treatment.

For further information about this form of therapy, please refer to the handout "Psychodynamic Psychotherapy".

Crisis Intervention

Characteristics

A crisis occurs when an individual is confronted by events that he or she does not have the resources to cope with. The crisis may be precipitated by events that bring about sudden change in the person's environment, e.g. bereavement, redundancy, or childbirth. The crisis will evoke anxiety in the individual that he/she will attempt to control by use of their usual coping mechanisms. If these fail the person may devise new strategies to try and cope, but if these too are ineffective the person's state of anxiety increases with deterioration in their morale. They may well, at that point, utilise maladaptive coping strategies, such as substance abuse, deliberate self-harm or violent behaviour which may themselves bring the person to the attention of the helping professions (especially general practitioners, casualty departments, psychiatrists, social workers). Further escalation of anxiety leads to a state of *decompensation* in which normal psychological functioning breaks down.

Crisis therapy aims to intervene as soon as possible after the onset of the crisis and certainly no later than six weeks after its onset, in order to enable the individual to overcome the crisis, minimise the usage of maladaptive coping strategies and avoid complete psychological breakdown. It is a short-term intervention, which may require intensive involvement of the therapist with the patient and perhaps members of their family.

Key Elements

The earliest stages of crisis therapy are concerned with the clarification of the patient's problem, as well as the ventilation of their emotions.

Alternative problem-solving strategies are generated and their potential consequences discussed.

More adaptive methods of coping are identified and their implementation encouraged.

Research & Development

Several conclusions may be drawn from research into the efficacy of psychological approaches:

- Non-directive techniques such as dynamic psychotherapy and client centred counselling, lead to improvements in social adjustment and interpersonal functioning. They appear to bring about rather less in the ways of specific symptom reduction.
- Behavioural and cognitive approaches produce greater levels of symptomatic recovery, e.g. reduced severity of panic attacks. There is a possibility that cognitive therapy reduces relapse rate in depressive disorder and panic disorder.
- Simultaneous treatment with physical approaches (medication) and psychologmcal treatment may have greater benefits than either treatment given alone.

Psychological therapies are continually being developed and refined. For example, although it is currently held that psychotically ill patients should not be treated by psychodynamic or cognitive approaches, there are researchers who are beginning to apply experimental techniques to these disorders. In addition research is being carried out to determine what the therapeutic ingredients are in each psychological therapy in the hope that stripping them down to their "bare essentials" may result in the development of briefer techniques. They may have wider applicability, particularly in situations where resources of time or expertise are less available, such as in non-psychiatric settings.