



Treatment Models and Approaches

Lecture 1: Recap



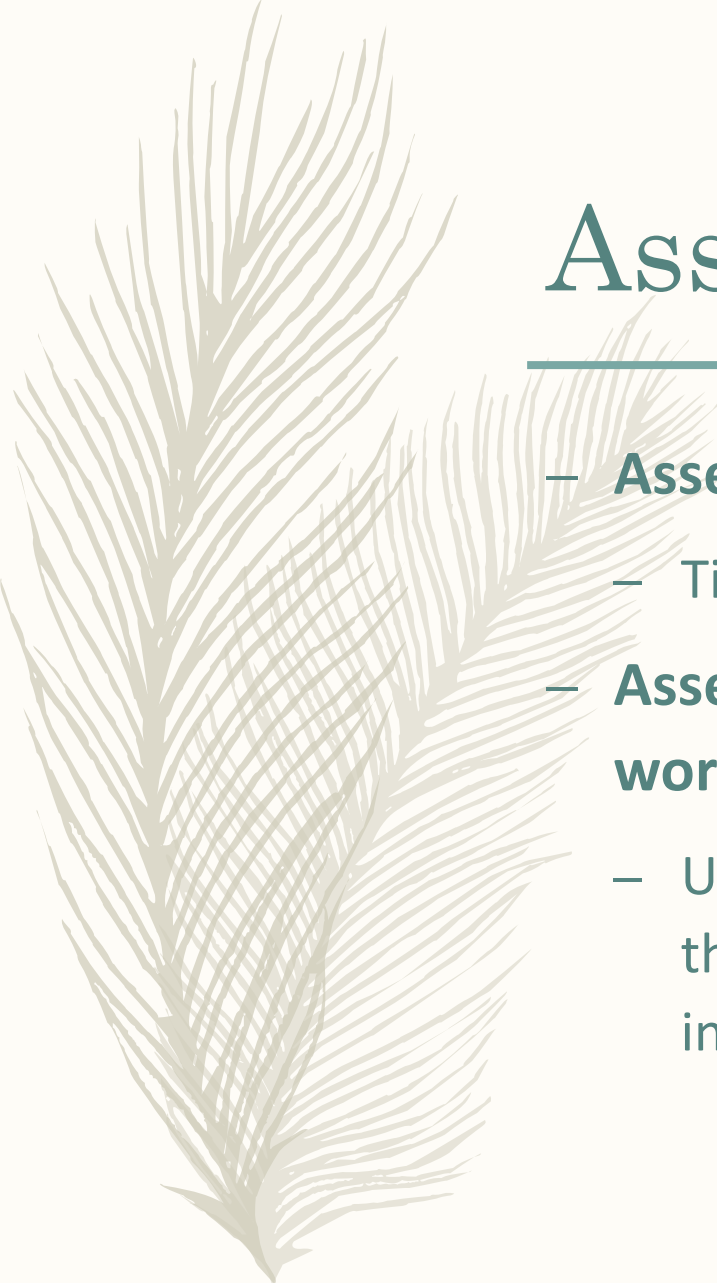
Aim of session:

- To recap on the psychological approaches and explanations of the aetiologies of a variety of mental illnesses.
- To explore a variety of psychological approaches and treatments used as therapeutic aids used in the treatment of mental illness.



Learning outcomes:

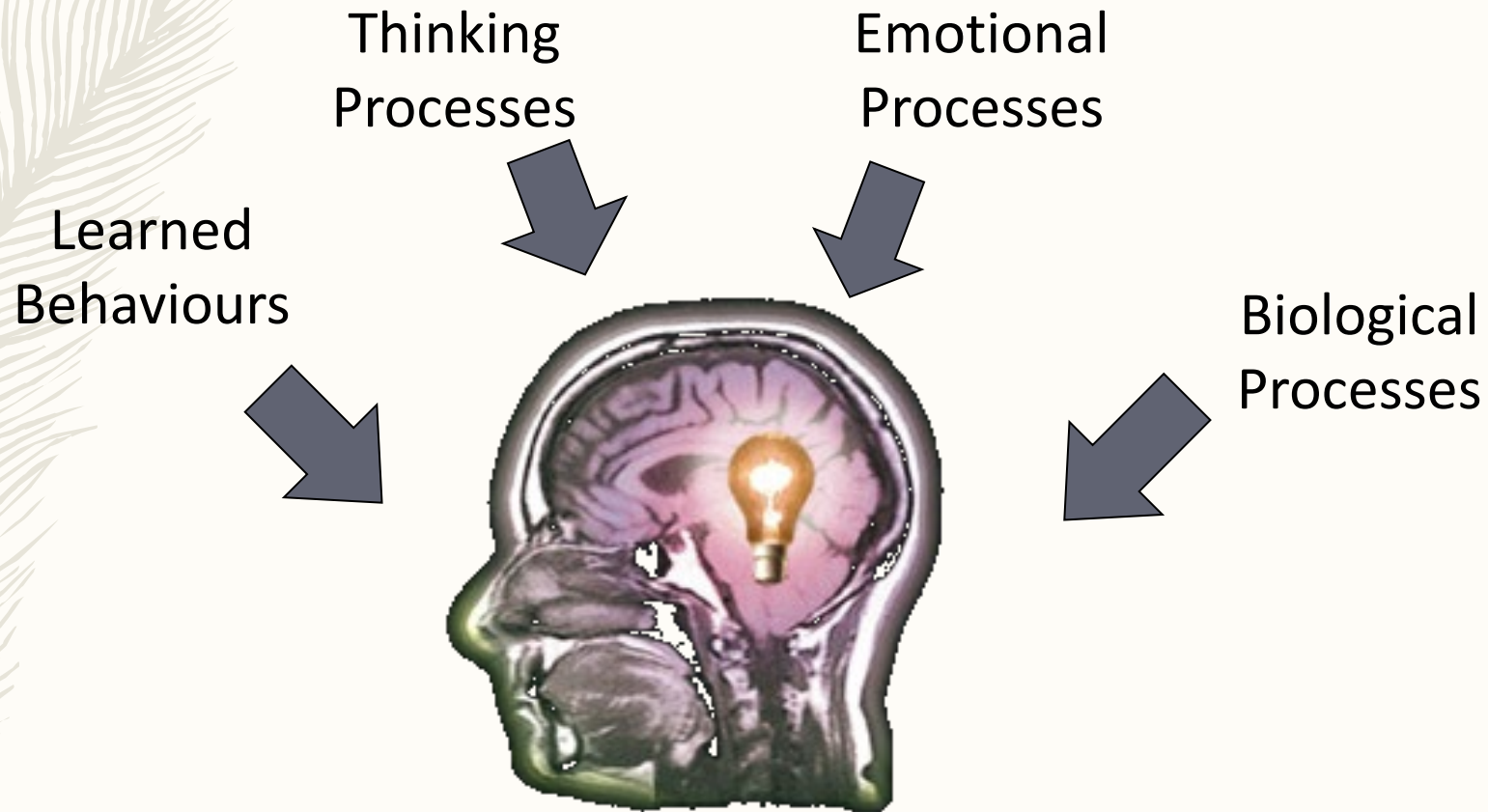
- Upon the successful completion of this module, the student should be able to demonstrate the ability to:
- Critically discuss the factors influencing the effectiveness of psychological treatments for mental health problems including the qualities of the therapeutic or helping relationship
- Evaluate empirical evidence for the effectiveness of treatments for a variety of mental health problems
- Develop understanding of how to design and evaluate theory-based interventions in psychology designed to improve mental health and wellbeing
- Organise their knowledge and learning through the use of a range of information resources and present their work at the appropriate level.



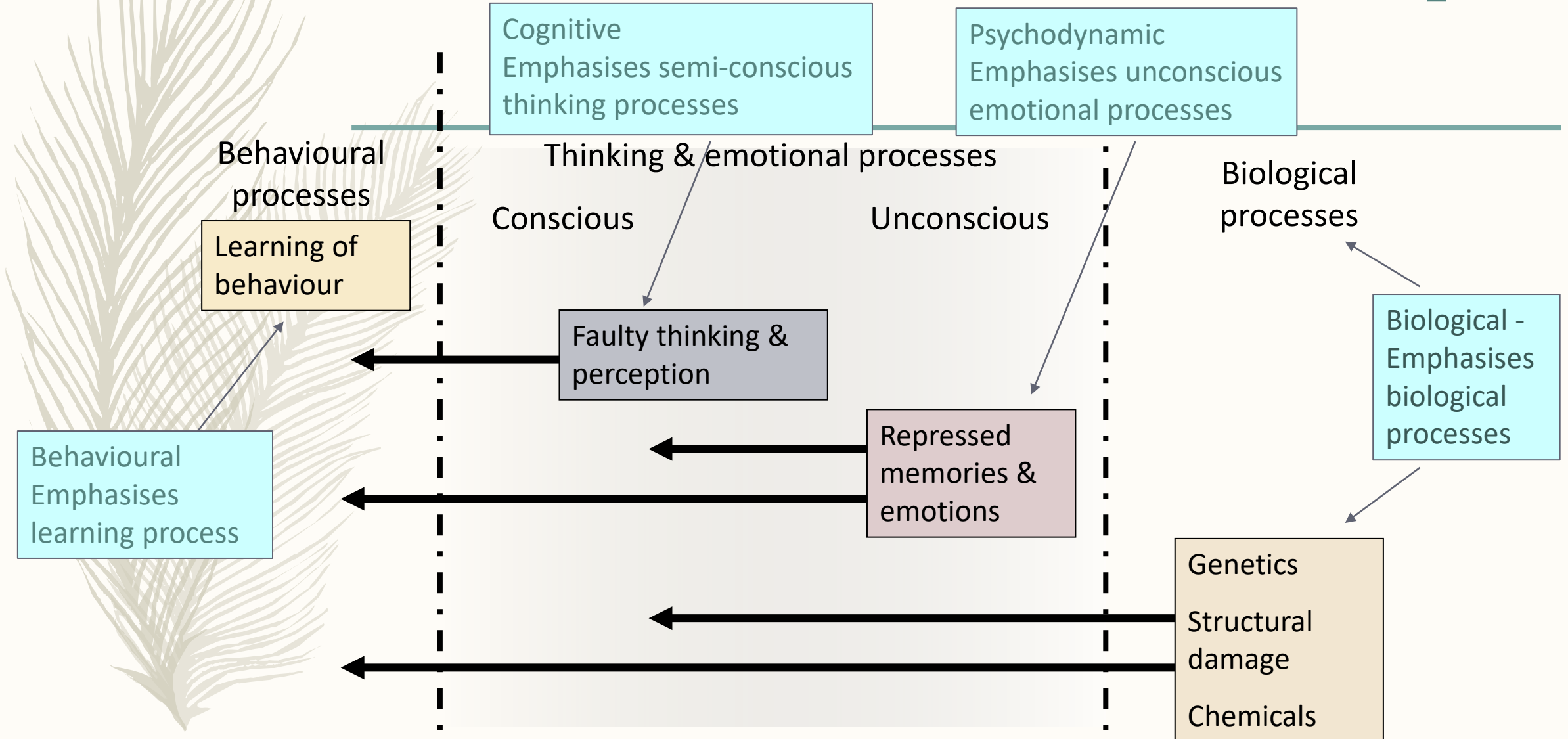
Assessment details:

- **Assessment component 1 – 50%. Written essay (2,500 words)**
 - Title on essay pro-forma.
- **Assessment component 2 – 50%. Case study formulation (2,500 words)**
 - Using the case study provided, create a psychological formulation of the problems and potential treatment options that may apply to this individual.

Models of mental illness- recap



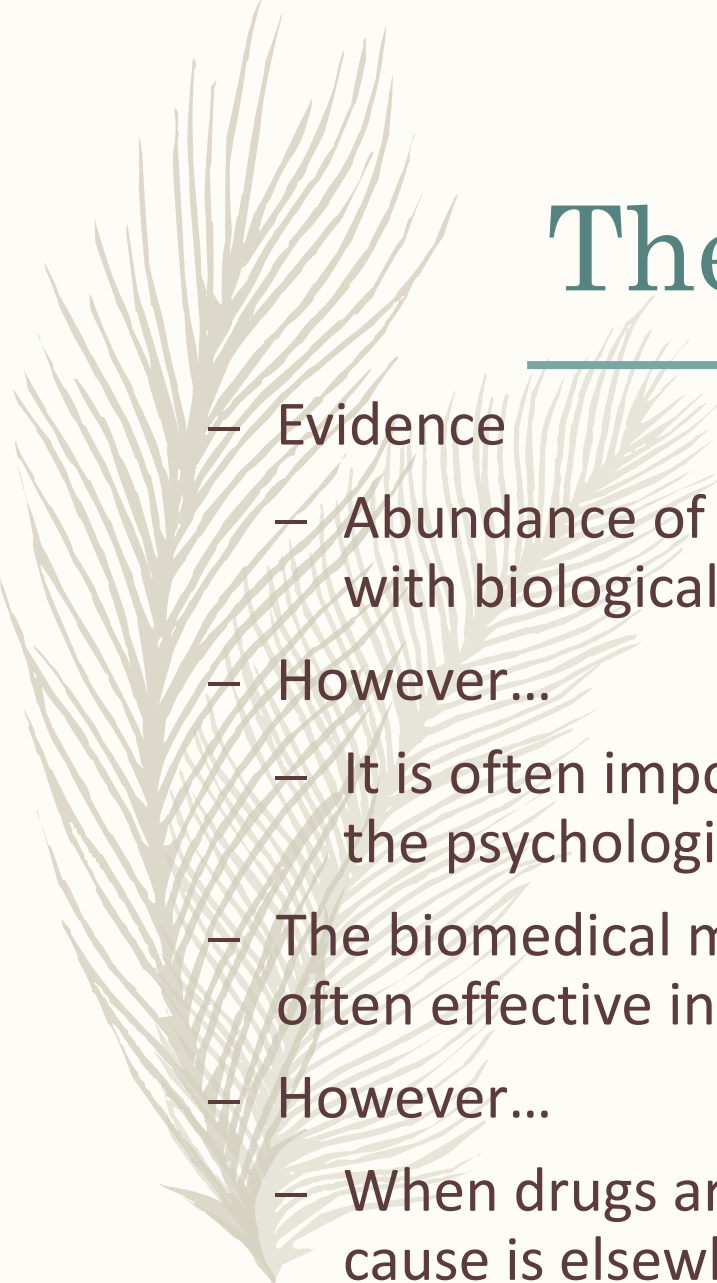
Models of mental illness- recap





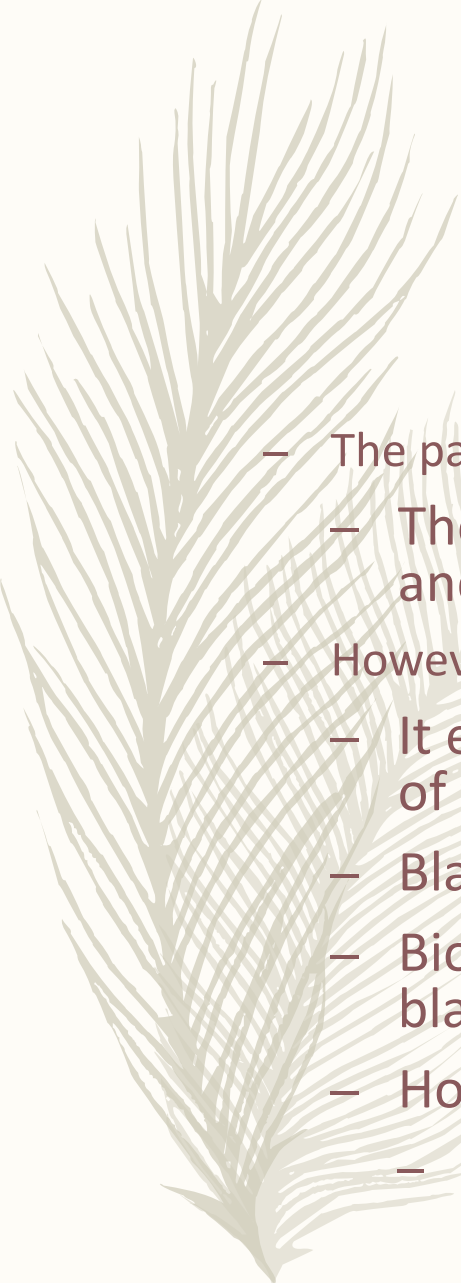
The medical Model

- Main assumptions:
 - Psychological disorders are illnesses or diseases affecting the nervous system
 - Abnormal behaviour, thinking and emotion are caused by biological dysfunctions
- Four possible causes:
 - Micro organisms, infection
 - Genes
 - Biochemistry of the brain
 - Neuroanatomy



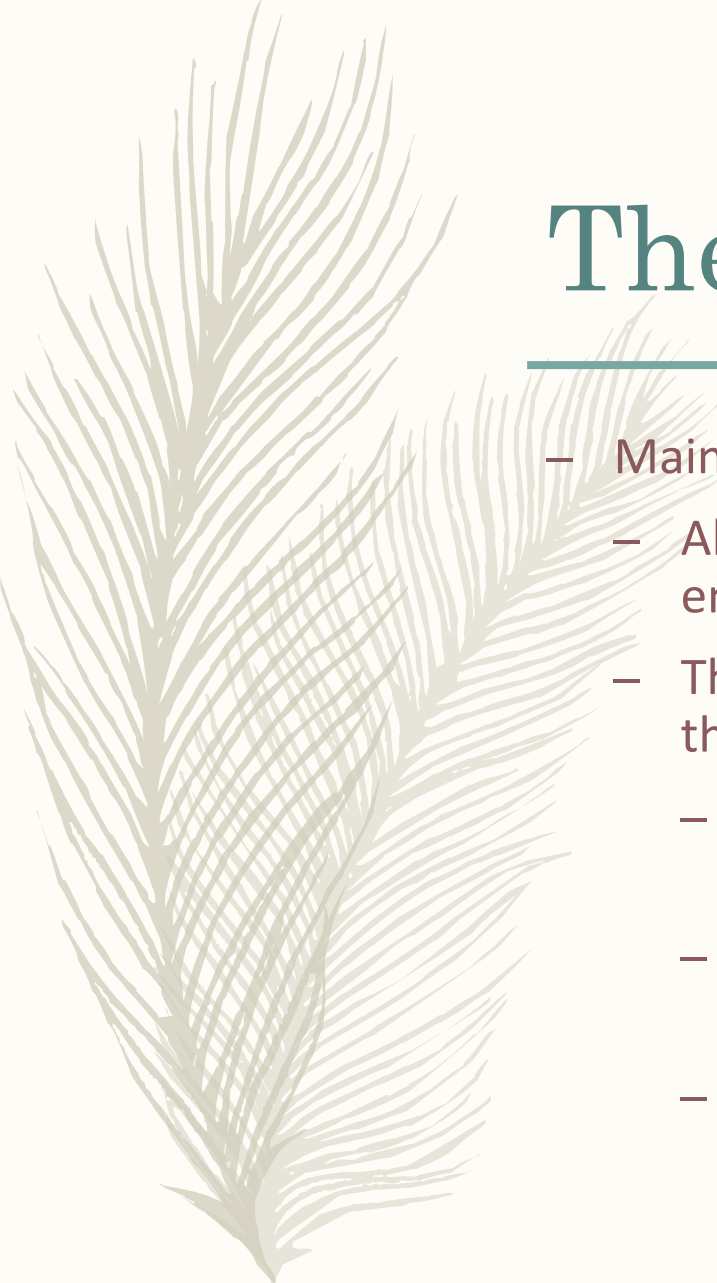
The Medical Model

- Evidence
 - Abundance of studies suggest that psychological disturbance is associated with biological changes (neurotransmitters & hormones)
- However...
 - It is often impossible to tell whether such changes are a cause or an effect of the psychological symptoms
- The biomedical model has led to the development of drug therapies that are often effective in controlling psychological symptoms
- However...
 - When drugs are discontinued, symptoms often return, suggesting the actual cause is elsewhere



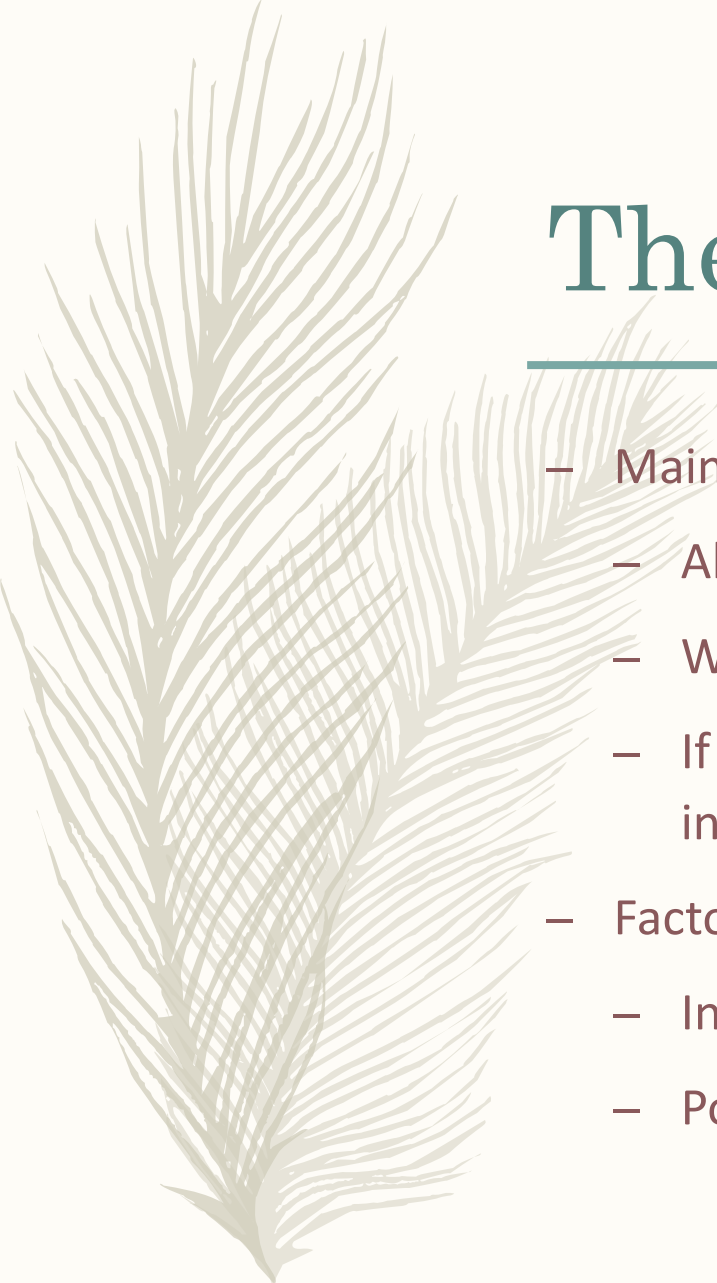
The Medical Model

- The patient role
 - The biomedical model offers people a role and treatments they are familiar with, and are often happy to go along with
- However...
 - It encourages them to become passive and dependent and to hand over control of their lives to the expert – this might not actually be good for them
 - Blame & stigma
 - Biomedical processes are assumed to be beyond patient's control; they are not blamed for their predicament or behaviour
- However...
 - *Critics (e.g. Szasz, Laing) argue that society isolates and stigmatises the mentally 'ill', which is just as bad*



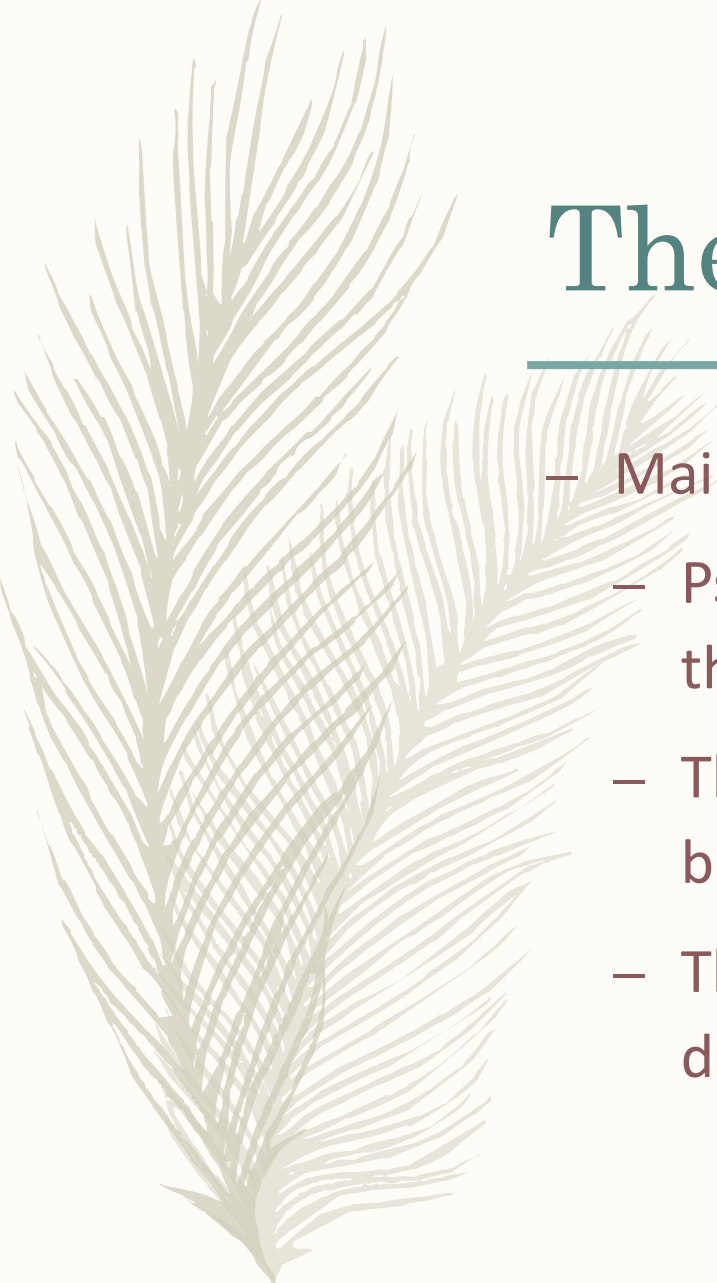
The Behavioural Model

- Main assumptions:
 - Abnormal behaviour is the consequence of abnormal learning from the environment
 - There is no qualitative difference between normal and abnormal behaviour – they are learned in the same ways:
 - *Classical conditioning, learning via association, usually occurs involuntarily*
 - *Operant conditioning, learning through positive and negative reinforcement and punishment. More conscious control*
 - *Social learning, learning via vicarious reinforcement and modeling.*



The Cognitive Model

- Main assumptions:
 - Abnormal behaviour is caused by abnormal thinking processes
 - We interact with the world through our mental representation of it
 - If our mental representations are inaccurate or our ways of reasoning are inadequate then our emotions and behaviour may become disordered
- Factors in abnormal behaviour:
 - Inaccurate perception
 - Poor reasoning and problem solving



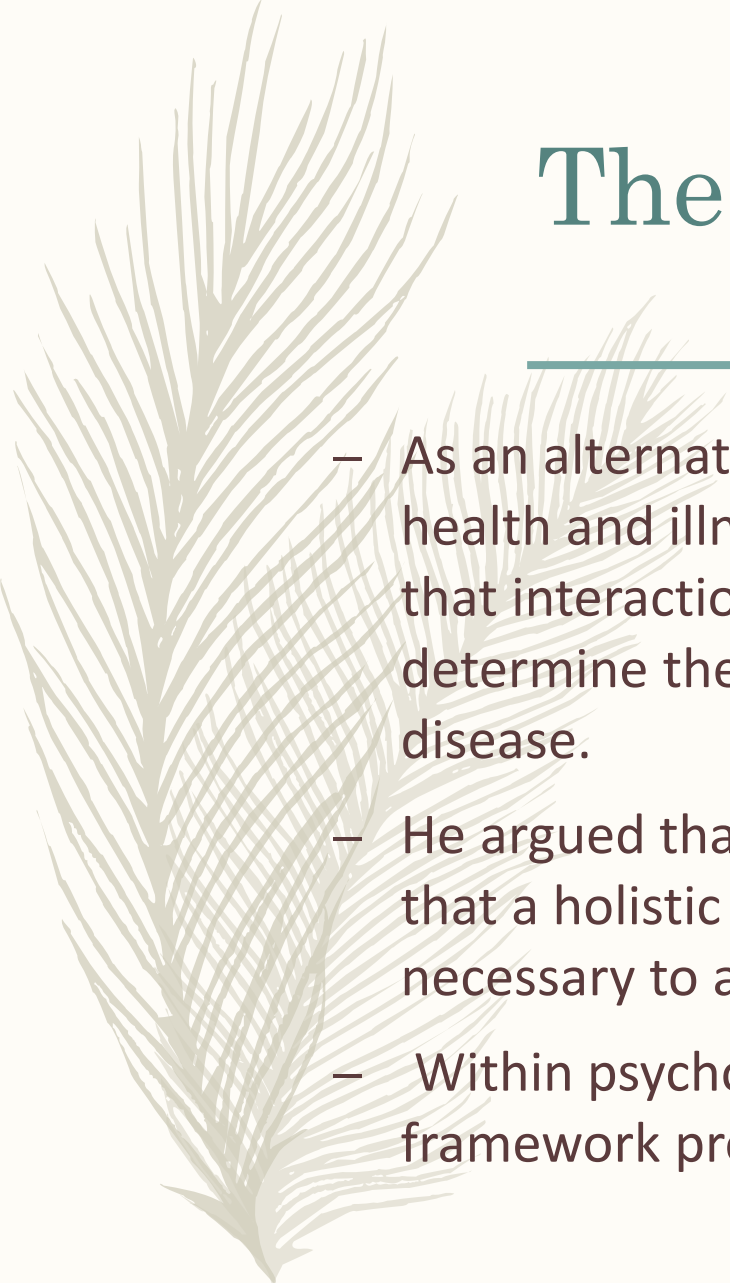
The Psychodynamic Model

- Main assumptions:
 - Psychological disorders are caused by emotional problems in the unconscious mind
 - The causes of these emotional problems can usually be traced back to early childhood
 - The relationship between child and parents is a crucial determinant of mental health



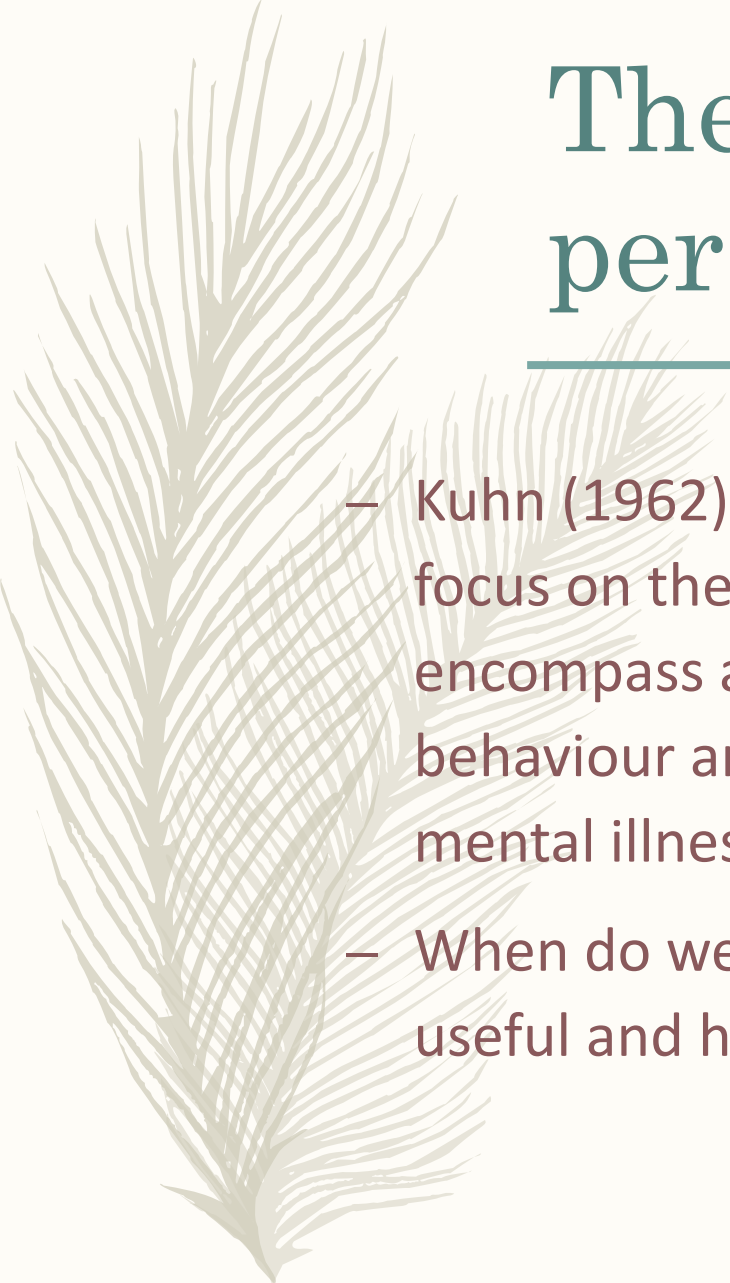
The humanistic model

- [Humanistic psychotherapy](#), influenced by Rogers. *Person -centred*. Purpose to move the person from poor self image (perceived self) to more psychologically healthy ideal self. How? [Q-sort technique](#). Also the counselling environment, distinct humanistic features of which include:
 - Genuineness empathy and unconditional positive regard
 - This approach is used to create the right '*conditions for (personal) growth*' to help client become a more '*fully functioning person*.'



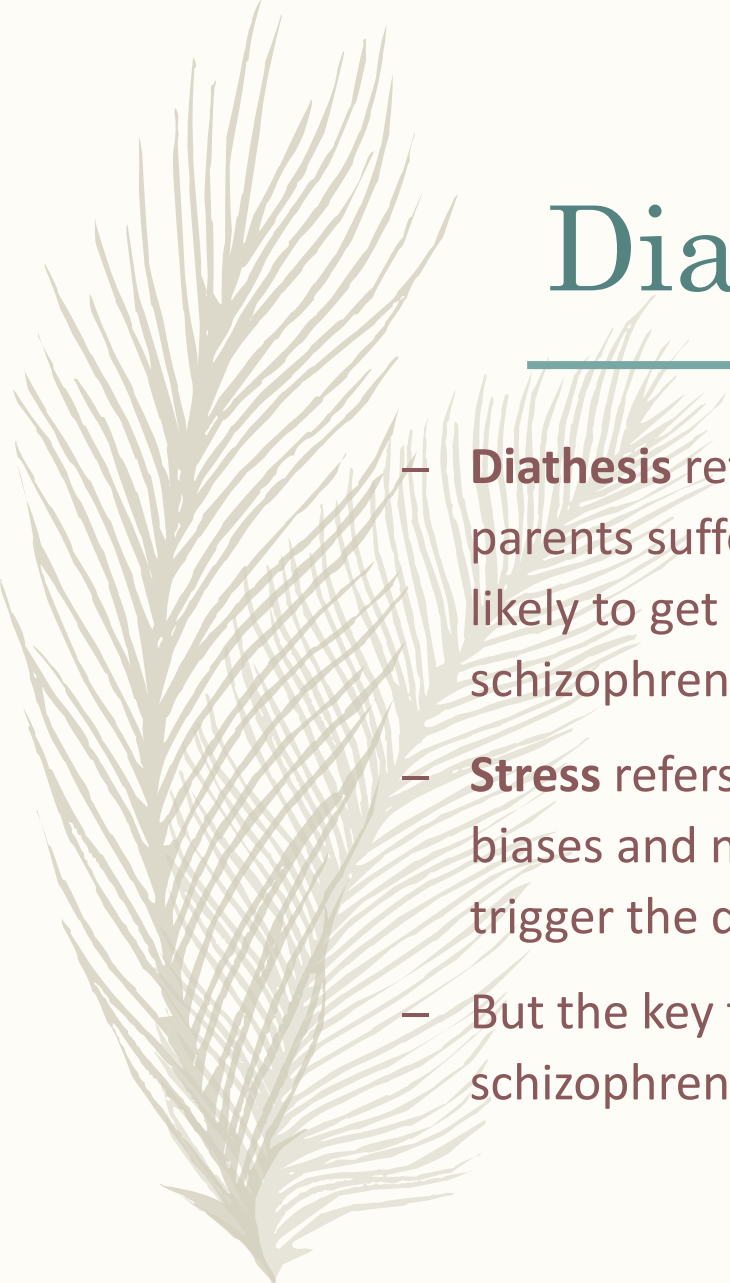
The Biopsychosocial Model

- As an alternative to the Medical Model, the biopsychosocial model of health and illness was developed by George L. Engel (1977), stating that interactions between biological, psychological, and social factors determine the cause, manifestation, and outcome of wellness and disease.
- He argued that the bio-medical perspective was too reductionist and that a holistic perspective grounded in general systems theory was necessary to address health related issues.
- Within psychology, some have argued that the biopsychosocial framework provides the central pathway to unify clinical psychology.



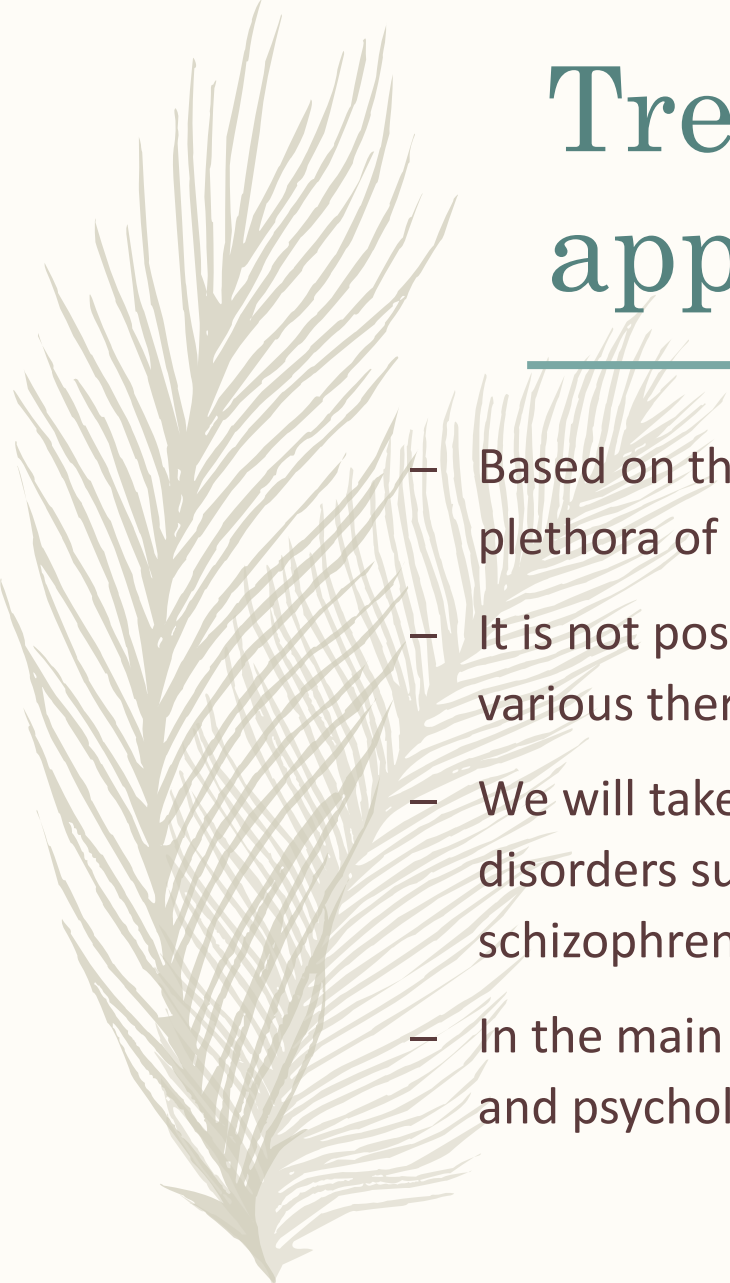
The problem with perspectives/paradigms

- Kuhn (1962) – paradigms can direct and misdirect us, the focus on the psychological perspectives may be too narrow to encompass all contributory factors leading to abnormal behaviour and also focus too heavily on the medical model of mental illness.
- When do we know which approach/perspective is the most useful and how/why?



Diathesis stress

- **Diathesis** refers to the genetic predisposition to develop a particular disorder. If your parents suffer from schizophrenia then research suggests that offspring are also most likely to get it too. However there is still only a 17%, meaning that 83% of offspring of schizophrenics won't!
- **Stress** refers to the environmental factors such as family situation, learning, cognitive biases and negative schemas, childhood experience or viral infection that may then trigger the disorder.
- But the key factor is that it takes both! This can also explain why if one twin gets schizophrenia there is only a 42% chance that their identical sibling will also develop it.



Treatment models and approaches – moving forward...

- Based on the psychological models of aetiologies of mental illness, there are a plethora of treatments devised based upon these principles
- It is not possible to cover all treatment options in detail, but you can find details of the various therapeutic techniques in the recommended reading
- We will take a look at some of the main models and approaches used to treat mood disorders such as major depression, bipolar disorder, anxiety disorders and schizophrenia/psychosis
- In the main we will look at drug treatments (chemotherapy/ psychopharmacology) and psychological interventions such as CBT and psychotherapy

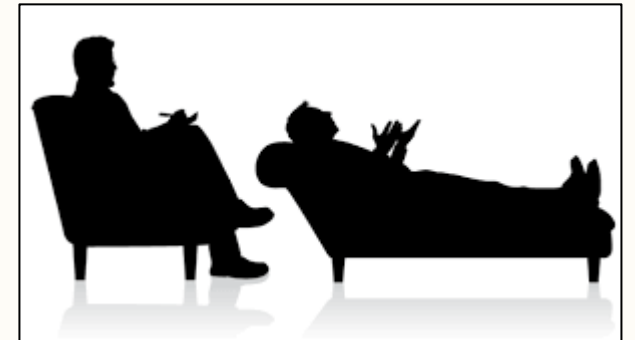
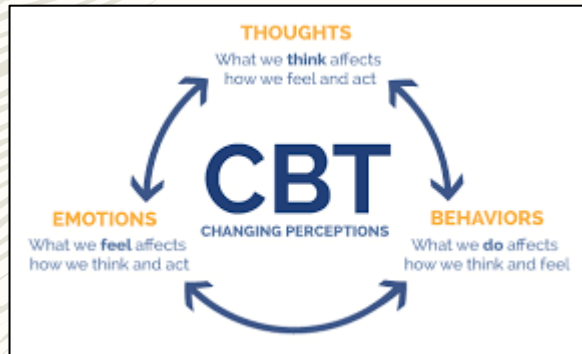


Treatments:

- Usually include at least one of the following-
- (1) relief from symptoms
- (2) self awareness and insight
- (3) the acquisition of coping strategies/problem solving
- (4) identification and (hopefully) resolution of the cause
- E.g. the main effect of drug therapy is palliative- to bring about a relief in symptoms and a reduction in distress. This is in contrast to the psychodynamic therapies, where they focus on offering insight but not necessarily a behavioural change.

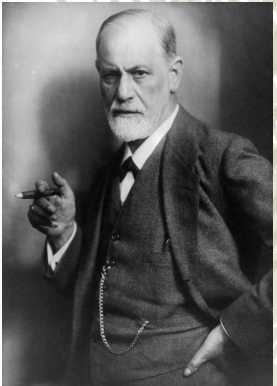
Treatments:

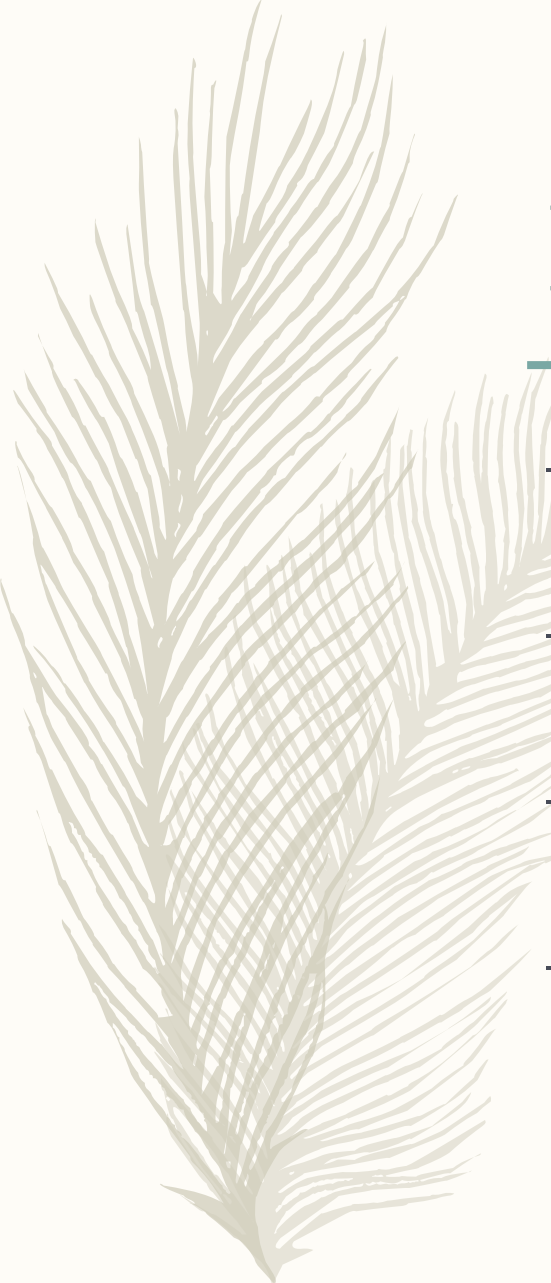
- The type of treatment offered depends on the training of the therapist, the nature of the psychopathology and based on the available empirical evidence for treatment efficacy (NICE).



Treatment: Psychodynamic approach

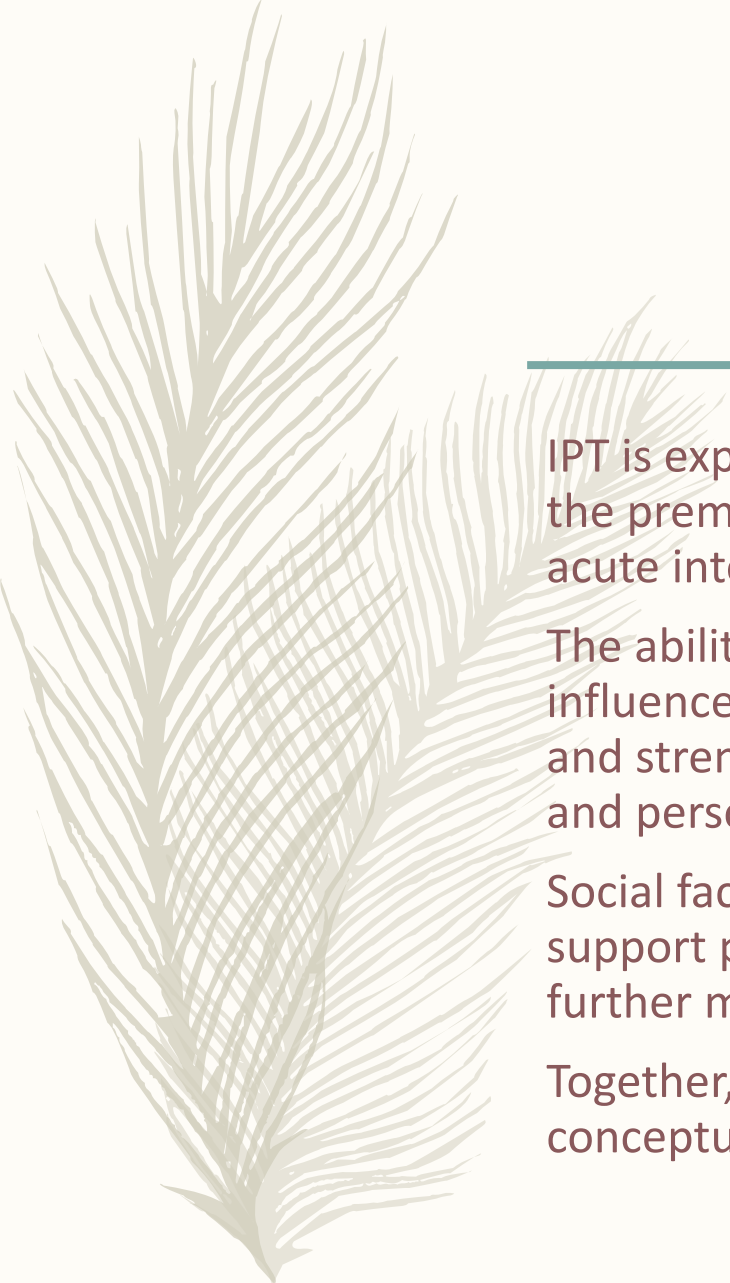
- Psychological problems are the manifestation of internal mental conflicts.
- Freud: Psychoanalysis
- Modern psychodynamic approach
 - Strupp & Binder: Transference, active listening.
- Therapy offers chance to observe disturbed relationships in a safe environment.
- Other examples: Erik Erikson & Ego Analysis, bringing conflicts out into the open and dealing with them. A natural part of development?





Interpersonal Therapy- IPT

- Whilst psychodynamic therapies have not been studied extensively for their efficacy, one such type has-
- Originally developed in the 1970's at Yale University by Gerald Klerman, Myrna Weissman, and Eugene Paykel
- An evidence based treatment focused on changing emotions and styles of interaction in close relationships
- It views relationships as creating `styles` or `patterns` of responding and helps people recognise their own ways.



IPT

IPT is explicitly based on a Biopsychosocial/Cultural/Spiritual Model. IPT works from the premise that interpersonal distress is connected with psychological symptoms. An acute interpersonal crisis (stressor) begins the process.

The ability of the patient to manage the crisis psychologically and biologically is heavily influenced by the patient's Biopsychosocial/Cultural/Spiritual vulnerabilities (diatheses) and strengths, such as genetic vulnerability to illness, temperament, attachment style, and personality, which may modulate or exacerbate the crisis.

Social factors such as a patient's current significant relationships and general social support provide the context in which the stress-diathesis interaction occurs, and further modify the individual's ability to cope with his or her distress.

Together, these elements form the Interpersonal Triad, which models the basic IPT conceptualization of the development of psychological distress.



Behaviourist Approaches:

- With growing dissatisfaction of the medical model, attention turned to experimental methods to inform treatments based on classical and operant conditioning.
- The difference is the focus of treatment on BEHAVIOUR as the problem and not the underlying mechanisms
- The belief is that the undesirable behaviour is caused by faulty learning and as such can therefore be unlearned
- Classical conditioning led to the development of Behavioural Therapy whereas Operant conditioning led to the development of Behavioural Modification/Analysis

Exposure Therapies (C.C.)

- Emotional disorders can be extinguished through extinction: disrupting the associations between the stimulus and the trauma (Wolpe 1915-1997)
- E.g. **Systematic desensitization** - fear eliminating technique with three elements
 - 1. progressive muscle relaxation
 - 2. hierarchy of fears
 - 3. learning process





Other Exposure Therapies (C.C.)

- **In-Vivo Desensitisation**- gradually confronting fears in real –life whilst maintaining a state of relaxation
- **Flooding**- confronting fears at full intensity [The CN tower Canada](#)
- **Counter conditioning**- conditioning of an unwanted behaviour/response to a stimulus into a wanted behaviour/response by the association of positive actions with the stimulus
- **Reciprocal inhibition**- eliminating an emotional response by breaking the relationship between the emotion inducing cue and the threatening consequence

Aversion Therapy



- Still based on C.C. but different because it aims to CONDITION an AVERSION to a stimulus
- By creating an unpleasant response, the targeted behaviour should eventually decline
- This is often used for drug, alcohol or nicotine addiction with the use of an emetic substance
- Short term effects are good, but relapse is high (Finney & Moos 2002)

Therapies based on O.C: Contingency Management

- Changing rewards and punishments for specific identified behaviours- the contingency is the relationship between a behaviour and its consequences
- In therapy it is used to understand the reinforcing factors that maintain the behaviour
- To implement new reinforcers to establish new behaviours
- To use punishment or negative reinforcers to discourage/remove behaviours in urgent need of help
- Works best in a situation where the therapist has control over the individual
- Works well in institutional settings, but doesn't readily generalise beyond the clinical setting



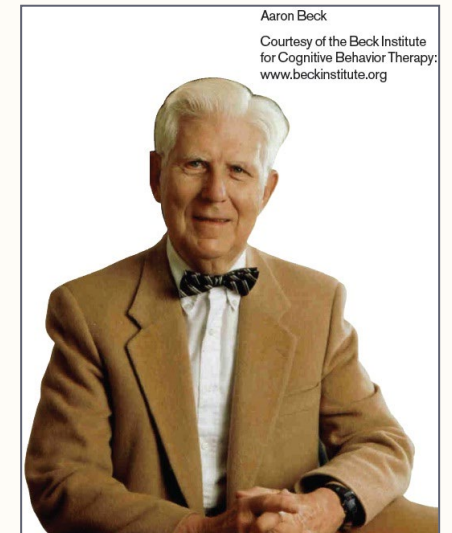


Several therapies based on O.C.

- **Functional Analysis** – identifies the consistencies between the problem behaviour and their consequences, to explore what maintains the behaviour. Then the reinforcement contingency can be broken down to reduce the frequency of the behaviour (works well with problem behaviour in children)
- **Response shaping**- aims to encourage new behaviour at a reasonable frequency. First reinforcement of `good` behaviour `near` to the desired behaviour. Secondly reinforcement of `close` approximations, finally the individual does the behaviour without reinforcement
- **Token Economies**- the use of rewards for desirable behaviour and punishment for undesirable behaviour

Cognitive Behavioural perspective

- Dysfunctional thinking underlies dysfunctional behaviour
- Changing thinking can change behavior
- Two main forms of therapy originally – RET and CBT
- These have been modified and extended to form other therapies such as REBT, MBCT and DBT
- Based on the premise that people carry a set of implicit assumptions that may be irrational or distressing
- Cognitive therapy aims to challenge these and change an individual's core beliefs

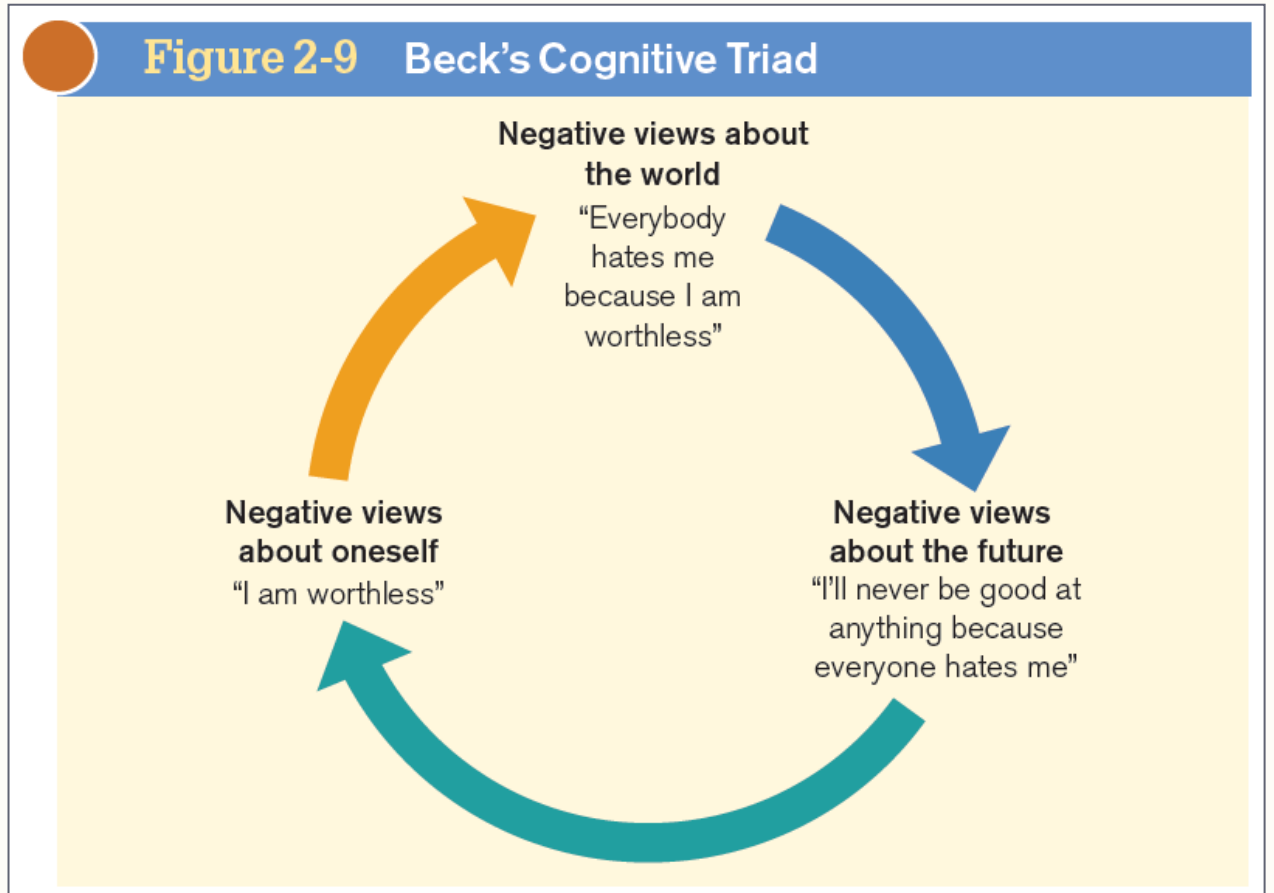


Beck's CBT for depression-faulty thinking

This is a highly structured therapy to challenge dysfunctional thoughts and replace them with more logical and rational beliefs

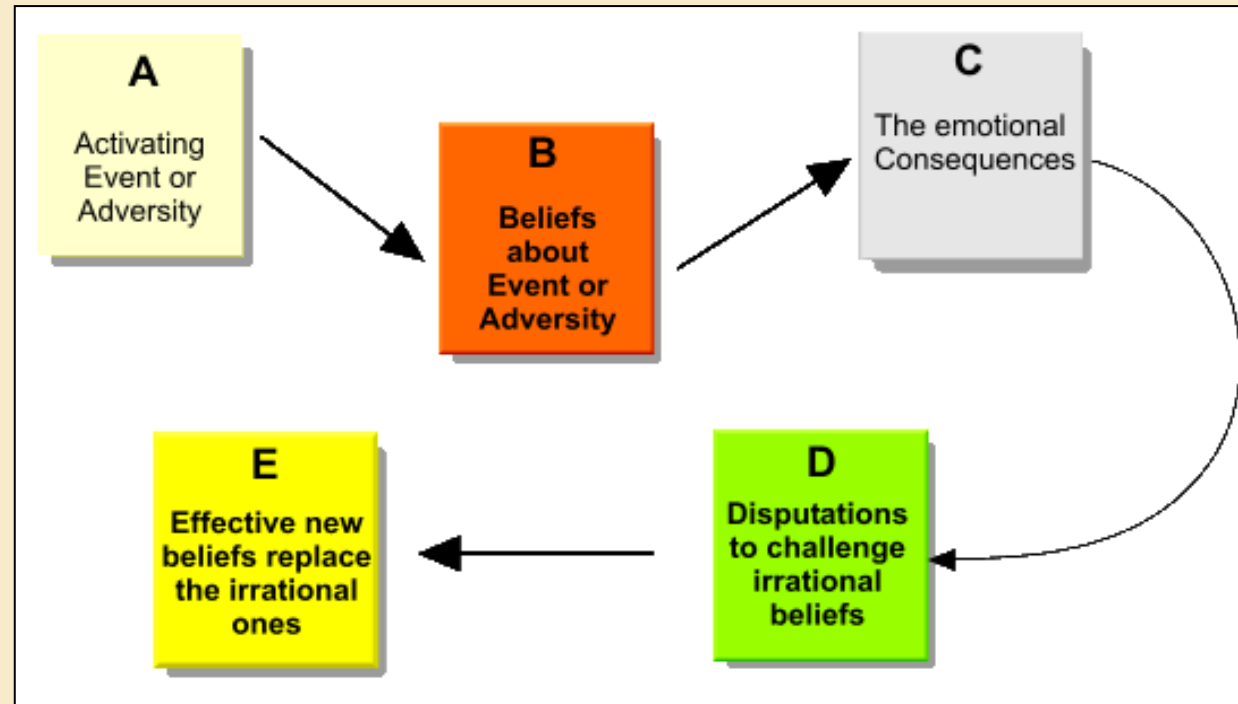
Beck's approach is based on our schemas which bias you to certain views of the self, the world and the future

This often involves the use of 'homework' and a 'diary' and an objective appraisal of oneself



Cognitive-Behavioural Therapies- RET/REBT

- Ellis (1913-2007)- Emotional disorders are caused by irrational beliefs, the role of the therapist is to directly challenge these irrational thoughts.



Third wave CBT

- CBT has experienced `waves` of development
- 1st wave- focused on learning theories and conditioning
- 2nd wave focused on thought and emotions
- 3rd wave now looks at the incorporation of **mindfulness and acceptance**
- The focus is on the `present` and using **mindfulness** to reduce anxiety or depression, by focusing on reflection and mediation (MBCT)
- **Another example is Dialectical Behaviour Therapy (DBT)**
- Currently being systematically evaluated (Ost 2008)
more on this later...

4 Critical Skills to Learn From Dialectical Behavior Therapy

Distress Tolerance
Cope with painful events

Mindfulness
Experience the present moment

Emotion Regulation
Recognize feelings

Interpersonal Effectiveness
Set limits & negotiate solutions





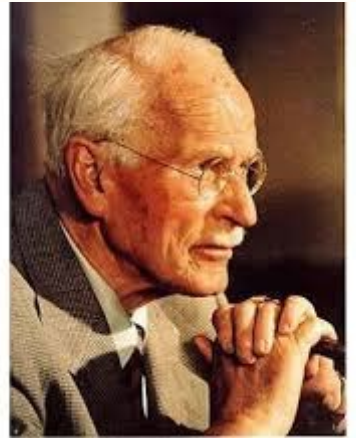
ACT: Acceptance and Commitment Therapy

- Another 3rd wave approach developed from the behaviourist perspective which adopts mindfulness by focusing on `accepting` and `embracing` events rather than trying to change their thoughts
- Through acceptance, comes clarification of personal values, which then allows the individual to act upon their values and increase their own psychological flexibility
- It is important to note that these newer approaches are not separate from Cognitive Therapy in general as they all operate on the same underlying principles
- These approaches to therapy are all evidenced-based approaches

Treatment: Existential Humanist Perspective

What is the nature of the human experience? The Humanist approaches believed that psychology was losing sight of the individual

- **Carl Jung**: Influenced by Freud and Darwin
 - Interested in interaction between instincts and environment
- **Karen Horney**: Influenced by Freud but wanted to develop approach that would also work for Women. Conflicting Ego needs of: Closeness, dominance and autonomy





The Humanistic Approach

- There have been a number of approaches to therapy under this approach, all have in common a `holistic` view of the individual. We should focus on the individual as a whole and not just the parts that are `ill`
- The second focus is on enabling people as individuals and appreciating their uniqueness
- The relationship between the client and the therapist should be genuine, reciprocal, empathic and not limited to the professional clinician-referral relationship
- Client Centred Therapy (CCT) focuses on the immediate conscious experience and a shift from `rigid self-perception` to an `independent self-directed person with the capacity for self growth

Treatment: Other humanist perspectives

- Maslow's hierarchy of needs:
 - Biological needs must be met before psychological needs
 - Survival first, then comfort and mental health
- Greenburg: Emotion focused therapy
 - Emotion is central to the experience of self. Either adaptive or maladaptive
 - Mindfulness techniques to explore our emotions.
- All Humanistic Therapies are not treatments per se, but rather a means to full emotional understanding

Psychotherapy- Does it work?

- **Conclusions-**

- 1. it can and does for some- but not all and not all problems
- If it is going to work, it is usually rapid and improvements are seen in first few months (Howard et al. 1986)
- But average sessions are only 5 due to attrition
- Affects are lost after 1-2 years
- Addis & Mahalik (2003)- YAVIS (A worrying suggestion, indicating that societies` advantaged most and men the least



There are different treatments for different disorders

- This relates to the aim of clinical psychology- to identify specific treatments for specific disorders, but we are a long way from this...(Baker et al., 2008)



Couple, Family and Group Therapy

- Couples- to foster COMMUNICATION and NEGOTIATION
- To resolve conflict, be direct, remove hidden agendas and develop ground rules.
- Beach et al., (1989) found couple therapy more effective than individual therapy alone.



Family & Systemic therapy-

- Via COMMUNICATION and NEGOTIATION with the purpose of changing relationships and roles within the family
- Often Good for dealing with psychopathologies arising from relationship dynamics
- used for parents having conflicts with their offspring. Parent Management Training- specific skills for dealing with children and adolescents. (Patterson 1982)
- It improves communication, resolves specific conflicts and applies systems theory (family as a social system with complex relationships)





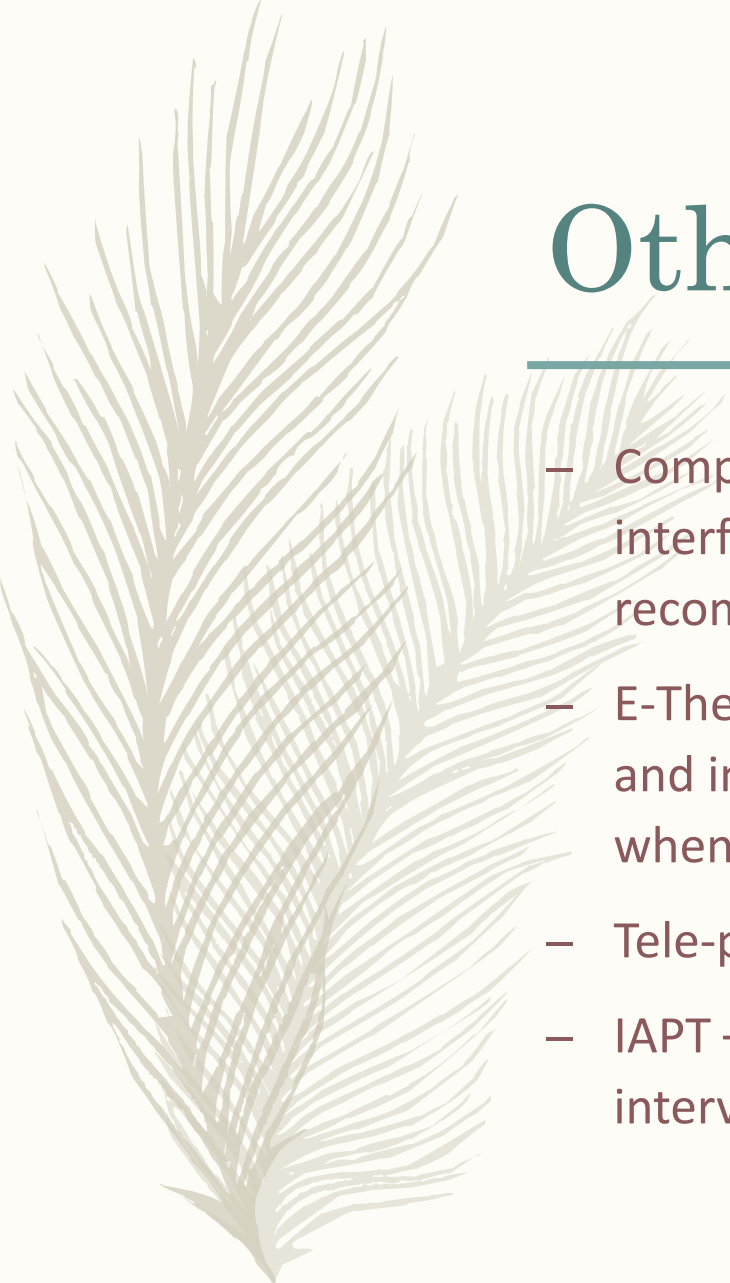
Systems Theory

- Viewing the individual within a system
- In well functioning families parents form an alliance, whereas in dysfunctional families there are `teams` across and within generations
- When opposition occurs, leaders don't co-operate and problems occur. The goal is to facilitate co-operation. (Emery 1992)
- It usually adopts an eclectic approach with a mix of therapies
- The main focus is to explore the maintenance of the problem within the family as opposed to looking for `causes`
- Over 5-20 sessions the problems are identified and ways of responding to them are developed

Group Therapy

- Why in groups?
- To reduce isolation, feeling weird, feeling alone
- To allow people to breakdown `facades` or barriers that we erect
- Self help groups are popular too although not strictly therapy (Taylor & Luce 2003)
- Useful when groups share a psychopathology





Other Therapies

- Computerised CBT (CCBT) highly developed software via an interactive interface. Examples include `Beating the Blues` and `Fear Fighter` recommended by the UK Department of Health (NICE, 2008)
- E-Therapy – email/internet technology to enhance weekly sessions, monitor and intervene with individuals, good for use with `withdrawn` clients and good when personal contact is difficult
- Tele-psychiatry – telephone or video conferencing
- IAPT – large scale initiative to increase availability of evidence-based interventions. More on this next week!