

Psychological therapies

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Abstract

Three major families of psychological therapies are briefly described; cognitive behavioural, psychodynamic, and person-centred perspectives. The underpinning theory and therapeutic approach of each form of therapy are briefly described. Key references describing the theories and evidence of effectiveness are also given.

Keywords behavioural; cognitive; interpersonal; person-centred; psychodynamic; psychological therapies

General principles of psychological therapies

All psychological therapies involve some kind of discussion between two or more people and are, to a greater or lesser extent, based on empirically derived psychological models. They are used to treat mental health problems and increasingly long-term physical health conditions.

The most well-described and researched psychological therapies fall broadly into three categories based on their underpinning theories: 1) cognitive and behavioural therapies; 2) interpersonal and psychodynamic therapies; 3) person-centred therapies.

Cognitive and behavioural approaches

There are around 40–50 interventions based on understanding the relationship between thoughts, feelings and behaviours. The interventions make use of concepts such as ‘metacognition’ (the ability to reflect on one’s own thoughts) and behavioural habituation (reduction in anxiety due to repeated exposure to a feared stimulus). Most are based on empirically validated theories, and are structured in their delivery. These therapies fall into two basic groups, sometimes referred to as ‘second wave’ and ‘third wave’ cognitive therapies. Cognitive behaviour therapy (CBT) is an example of the former, whereas dialectical behaviour therapy (DBT) and acceptance and commitment therapy (ACT) are examples of the latter. Eight of the major forms of this group of psychological therapies are shown in [Table 1](#).

Evidence — CBT and behavioural activation (BA) are both highlighted by the National Institute for Health and Clinical Excellence (NICE) as psychological treatments for depression.² CBT is also recommended for a range of anxiety disorders, including generalized anxiety disorder (GAD) and panic disorder.³ Individual CBT is also recommended as an adjuvant treatment for schizophrenia⁴ and group CBT is recommended for antisocial personality disorder.⁵ DBT is recommended for the

What’s new?

- The government-funded increased access to psychological therapies (IAPT) programme has been implemented as part of the stepped care approach, to make psychological therapies much more widely available. Cognitive behaviour therapy (CBT) for anxiety and depression has been launched and is in its fourth year. A new stream providing CBT for children is currently being run, still in its first year. Further streams for severe and enduring mental health problems, and long-term conditions/medically unexplained symptoms are currently under discussion. Ease of access and short waiting times are key, people being able to self-refer, or referrals coming from GPs and other medical practitioners
- Psychological therapies are noted in the recent NICE guidance ‘Patient experience in adult NHS services: improving the experience of care for people using adult NHS services’¹
- There is a growing evidence base for the use of psychological therapies in the treatment of long-term physical health conditions (e.g. chronic pain, diabetes, chronic fatigue syndrome, tinnitus)

treatment of women with borderline personality disorder, for whom self-harm is a significant problem.⁶

A growing body of evidence indicates that CBT, mindfulness-based approaches and ACT can be useful in the management of many long-term health conditions.⁷

Interpersonal and psychodynamic approaches

All of these approaches stress the importance of early experiences, particularly those implicated in attachment and separation, shaping unconscious internal processes. Problems during these fundamental processes are theorized to manifest in later adult life, particularly in terms of establishing and maintaining relationships. The therapies vary in how structured they are in delivery, and make use of interpretation of client behaviours and transference, as well as modelling a functional relationship. Three major therapies are covered in [Table 2](#).

Evidence — interpersonal therapy is indicated in the treatment of depression.² There is a growing evidence base that psychodynamic and mentalization therapies may be useful in the treatment of personality disorders.⁸

Person-centred therapies

These therapies are in the main not heavily structured but can be time-limited, and change is effected through enabling the individual to explore their own internal experiences and behaviours in an open way, as well as modelling of relationships. Two important forms are described in [Table 3](#).

Evidence — there is some evidence that motivational interviewing (MI) may be useful in treating alcohol and other drug misuse.⁹

The evidence base for psychological interventions relates to their use as formal therapies. However, the associated therapeutic frameworks are also helpful in generating (i.e. formulating) an

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Cognitive and behavioural therapies

Therapy and originator

Cognitive behaviour therapy (CBT)

Aaron Beck¹⁰

Behavioural activation (BA)

Christopher Martell¹¹

Schema-focussed cognitive therapy (SFCT)

Jeff Young¹²

Dialectical behaviour therapy (DBT)

Marsha Linehan¹³

Acceptance and commitment therapy (ACT)

Steve Hayes¹⁴

Mindfulness-based cognitive therapy (MBCT)

John Teasdale, Mark Williams¹⁵

Key points

- Negative content of thoughts is important, together with 'thinking errors' which maintain distress and lead to maladaptive behaviours
- Problematic ways of thinking due to fundamental (core) beliefs and 'rules for living' formed in interaction with childhood experience
- Therapeutic interventions involve identifying these ways of thinking in terms of content and testing them
- Techniques include behavioural experiments (testing beliefs and behaviours), thought records, graded hierarchies (behavioural change broken down into small steps)
- See <http://www.rcpsych.ac.uk/mentalhealthinfoforall/treatments/cbt.aspx>
- Evidence indicates that the behavioural component only of CBT may be effective in treating depression
- Interventions focus only on enabling people suffering depression to increase activity levels, with no cognitive component
- See <http://www.cci.health.wa.gov.au/docs/ACFAF2.pdf>
- Designed to treat deep-seated interpersonal difficulties
- Indicated in personality disorder
- Deals explicitly with 18 fundamental 'schema' (i.e. clusters of beliefs about the self and others which drive perceptions and maladaptive behaviours)
- 'Modes' (behavioural repertoire subsets) of operating identified, to which people can shift depending on current experience
- Three broad ways of attempting to cope the distress associated with schema: schema avoidance; overcompensation; and surrender
- See www.schemafocus.com
- The premise is that clients have not yet acquired certain skills, such as managing emotions, and establishing and maintaining relationships (due, for example, to attachment disruption and/or inconsistent, punishing or neglectful parenting)
- Emotion dysregulation is a key issue, interventions often based around teaching skills to manage anger and anxiety
- Therapeutic relationship is an intrinsic aspect, as a model of a healthy relationship, and also to reinforce behaviours that are less harmful to the individual
- 'Mindfulness' techniques used to enable clients to notice the negative judgements that they make about themselves and others
- Evidence suggests it is useful for reduction in maladaptive behaviours (particularly self-harming behaviours) and increasing functioning for people diagnosed as borderline personality disorder
- See <http://behavioraltech.org/resources/whatisdbt.cfm>
- Based on an empirically strong theory, relational frame theory, which associates language (internal dialogue) with distressing experience
- Useful concept of 'cognitive fusion' described — our emotional experience becomes 'fused' with the words we use to describe it
- Treatment makes use of techniques to enable individual to accept difficult life events
- Interventions may enable experiential 'defusion' from meaning of words and concepts
- Articulation of an individual's values is important, which may enable the individual to be clear about behaviours in which they engage which are in the service of those values
- See <http://contextualpsychology.org/act>
- Developed to treat recurrent and severe depression
- The practice of mindfulness (purposefully paying attention to experience, including thoughts) found to be particularly useful in reducing the intensity of depression experienced, and the lengths and frequency of depressive episodes
- Makes use of theoretical findings indicating that negative moods can increase the likelihood of negative images and thoughts, thereby exacerbating the depressed mood
- See <http://www.mbct.co.uk>

(continued on next page)

Table 1 (*continued*)

Therapy and originator	Key points
Mindfulness-based stress reduction (MBSR) Jon Kabat-Zinn ¹⁶	• A brief (e.g. 8–12 weeks) intervention making use of mindfulness techniques to reduce stresses associated with a number of disorders • Evidence indicates efficacy in anxiety, depression, self-esteem, and addiction • Growing evidence base in long-term health conditions (e.g. chronic pain) • See http://www.mindfullivingprograms.com/relatedresearch.php
Cognitive analytic therapy (CAT) Anthony Ryle ¹⁷	• Integrates ideas from cognitive therapy with object relations ideas from psychodynamic traditions • Formulates clients' interpersonal problems in terms of reciprocal roles (e.g. in which someone who has been punished may exhibit punishing behaviour to others) • Behavioural consequences are expressed in terms of traps, snags and dilemmas, which prevent the client from developing • Interventions make use of many cognitive, behavioural and interpersonal ideas • See http://www.acat.me.uk/page/home

Table 1

understanding of patients' problems. They may enable an understanding of the relationship between patients' thoughts, emotions and particularly behaviours, such as not behaving according to a treatment regimen, or engaging in behaviours that maintain or exacerbate a long-term health condition. If health professionals are able to formulate these issues for themselves using psychological frameworks, they may adapt their assessments and bedside

questioning to elicit beliefs underpinning behaviours that are to the patient's long-term cost.

Evidence-based therapeutic techniques may also be incorporated into multidisciplinary team planning, either informally in terms of generating a psychological understanding of the issues, or formally in terms of a considered referral to a psychological therapist. These kinds of interventions are not merely appropriate

Interpersonal and psychodynamic therapies

Therapy and originator	Key points
Psychodynamic therapy (including psychoanalysis) Sigmund Freud, Carl Jung, Alfred Adler, Melanie Klein ¹⁸	• Based on the idea that how and who we are is shaped by dynamic processes, primarily relationships between child and care-giver • The experience we have as a baby/child affects how we see and respond to all other relationships • Change in unconscious patterns of thinking and behaviour is effected primarily through talking and feeling in a safe and holding (or 'containing') environment, and through the relationship between therapist and client • Psychodynamic psychotherapy uses what the client brings and the relationship between therapist and client to make links between, and understand, the client's past and present, internal and external, experience • See http://www.counselling-directory.org.uk/psychoanalytical.html
Interpersonal therapy (IPT) Gerald Klerman ¹⁹	• A time-limited, more structured therapy specifically designed to treat depression • Aim to improve both symptoms of depression and social and interpersonal functioning of the individual • Interpersonal relationships the focus of therapy, related to early experience • See http://www.iptuk.org/Main/WhatIsIPT?
Mentalization-based therapy (MBT) Peter Fonagy and Anthony Bateman ²⁰	• Development of psychodynamic therapy, designed initially to address the problems associated with borderline personality disorder • Now practised with other disorders • Makes explicit use of attachment processes within therapy, to enable the client to more effectively 'mentalize' more effectively (i.e. become aware of their own and others' internal experiences) • This facilitates enhancement of emotion regulation, behavioural control and interpersonal relationships • See http://psychcentral.com/lib/2008/mentalization-based-therapy-mbt/

Table 2

Person-centred therapies

Therapy and originator

Person-centred counselling (PCC)

Carl Rogers²¹

Motivational interviewing (MI)

Steve Rollnick and William Miller²²

Key points

- Non-directive, unstructured approach enables clients to discover their own problematic attitudes and behaviours
- Based on therapist behaviours of congruence (genuineness), demonstration of empathy, and a non-judgemental approach and unconditional positive regard
- Through practice such as reflection and accurate feedback, the individual is enabled to discover how their self-worth may be believed to be dependent on others
- Non-judgemental and positive relationship is modelled
- See <http://www.personcentredapproachsw.org/bb/pc.php>
- Non-directive counselling style originally developed to work with heroin users
- Makes use of the underpinning Self-Determination Theory²³
- Evidence that autonomy promotes a greater likelihood of change in behaviour
- MI enables discussion of intrinsic motivation to change
- Makes use of the Cycle of Change²⁴ to describe stages of change and associated language
- Useful form of therapy to enable 'resistant' clients to start to engage in the process of change
- See <http://www.motivationalinterview.org/>

Table 3

for mental health teams, but may be useful for those treating people with acute and chronic physical health conditions. ◆

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