CHAPTER 13

Treatment of Psychological Disorders

I. Basic Features of Treatment

1. **Psychiatrists** are medical doctors who specialize in the treatment of mental disorders. Psychiatrists usually use biological treatments and some psychotherapy. (see Basic Features of Treatment)

   *Example:* Jennifer has been feeling so anxious lately that it is really beginning to interfere with her work. She seeks help from a medical doctor who prescribes a drug to help reduce the anxiety, and who also talks with her about what might be causing the anxiety. Jennifer is seeking help from a psychiatrist.

2. **Psychologists** are people who practice some form of psychotherapy. Many have Ph.D.’s in clinical or counseling psychology and advanced specialty training. Currently, psychologists cannot, by law, prescribe medications to their clients. (see Basic Features of Treatment)

   *Example:* Jake has had an uncontrollable fear of spiders and decides to seek help to overcome his fear. He seeks help from a therapist possessing a Ph.D. in clinical psychology who uses behavior therapy to help him overcome his fear. Jake is seeing a psychologist.

II. Psychodynamic Psychotherapy

3. **Psychoanalysis,** a method of psychotherapy, seeks to help clients gain insight by recognizing, understanding, and dealing with the unconscious thoughts and emotions presumed to cause their problems. Psychoanalysis also aims to help clients work through the many ways in which those unconscious causes appear in everyday behavior and social relationships. (see Psychodynamic Psychotherapy)

   *Example:* Jeff’s therapist tells him to lay on a couch, facing away from the therapist, and to share all of the thoughts that come to mind without editing any of them at all. Jeff’s therapist interprets Jeff’s thoughts as representing an unresolved conflict with his father. Jeff’s therapist is using psychoanalysis.

III. Humanistic Psychotherapy

4. **Client-centered (or person-centered) therapy,** developed by Carl Rogers, assumes that a client has a drive toward self-actualization. This therapy is based on a relationship between client and therapist that is characterized by unconditional positive regard, empathy, and congruence. Wanting the client to learn to solve his or her own problems, the therapist is nondirective and does not give advice. (see Client-Centered Therapy)

   *Example:* Nan is frustrated with her therapist because she never tells Nan how to solve her problems. Nan expresses this to the therapist, and the therapist reflects back to her, “You seem upset that I am not taking a more active role in determining your future. You sound a little scared about making changes to the way your life has been, which is completely understandable.” Nan’s is engaged in client-centered therapy.
5. **Unconditional positive regard** refers to an attitude of total acceptance and respect that a therapist must have toward a client to create a therapeutic environment. If a therapist does not express unconditional positive regard to the client, therapy will not enable the person to overcome his or her barriers to self-actualization. (see Client-Centered Therapy)

*Example:* Mack admits to his therapist that he sometimes feels uncontrollable rage toward his boss. He wants to do violently awful things to him. Mack’s therapist does not make Mack feel bad about these socially unacceptable feelings; rather, the therapist continues to show Mack respect as they explore together how these feelings may provide insight into the ways that Mack’s job doesn’t fulfill his need to self-actualize.

*Remember:* The therapist communicates acceptance without conditions; even if the client admits to socially undesirable behaviors or views, the therapist is encouraging and respectful.

6. **Empathy,** an important feature of client-centered therapy, involves a therapist’s trying to see the world as a client sees it. The therapist may show the client that understanding by not only listening attentively but also by reflecting what the client says. (see Client-Centered Therapy)

*Example:* Yvonne came into therapy because she resented having to care for her younger sisters, even though she knew that her mother was working three jobs. Yvonne’s therapist must try to see the world from Yvonne’s point of view and can accomplish this by understanding the constraints that Yvonne feels as a result of such tremendous responsibility.

7. **Reflection** is a method used in client-centered therapy. A therapist restates or paraphrases a client’s responses in order to show that she or he is listening and to help the client be more in touch with feelings. (see Client-Centered Therapy)

*Example:* Read the example for Key Term 7. The therapist might respond to Yvonne by saying, “You’re tired of doing so much around the house with your sisters, which prevents you from going out and doing what you want. You’re angry at your mom.” The therapist has reflected what Yvonne has said, thus also demonstrating empathy.

8. **Congruence** (sometimes called genuineness) refers to a consistency in a therapist’s feelings and behavior toward a client. The therapist’s behavior toward the client must be a reflection of how he or she really feels; it cannot be an act. Ideally, the client will learn that openness and honesty can be the foundation of a human relationship. (see Client-Centered Therapy)

*Example:* Read the examples for Key Terms 7 and 8. The therapist must genuinely feel empathy and unconditional positive regard for Yvonne. She cannot think to herself that Yvonne is spoiled and selfish. The therapist must actually accept Yvonne’s feelings with unconditional positive regard for her worth as a person.

9. **Gestalt therapy** is a form of humanistic treatment developed by Frederick Perls. A Gestalt therapist takes an active and directive role in helping a client become aware of denied feelings and impulses and learn how to discard foreign feelings, ideas, and values. Also, the therapist helps the client become more self-accepting. Methods used include dialogues with people, inanimate objects, and various body parts. (see Gestalt Therapy)

*Example:* When Renee describes how angry she became when her boss asked her to stay late, the therapist suggests they role-play the conversation between Renee and her boss. Renee finds that it really wasn’t the request that made her the angriest; it was her perception that the boss assumed she had nothing better to do.

### IV. Behavior Therapy and Cognitive-Behavior Therapy

10. **Behavior therapy** uses the principles of classical conditioning to change behavior by helping or teaching clients to act and think differently. Usually, an incorrectly learned association between a
conditioned stimulus (CS) and an unconditioned stimulus (UCS) is destroyed. (see Behavior Therapy and Cognitive-Behavior Therapy)

*Example:* Flooding and aversion conditioning are examples of behavior therapies.

11. **Behavior modification** uses the principles of operant conditioning to change behavior. (see Behavior Therapy and Cognitive-Behavior Therapy)

*Example:* Modeling is an example of behavior modification therapy.

12. **Cognitive-behavior therapy** attempts to pinpoint thought patterns that lead to depression, anger, or anxiety. Once these thoughts are recognized, they can be eliminated and replaced with more constructive thought patterns. (see Behavior Therapy and Cognitive-Behavior Therapy)

*Example:* Liza is depressed. Her therapist thinks that her depression is due to Liza’s negative thought patterns. Liza often thinks, “I’m no good. No one would want to be friends with me. I don’t have anyone to depend on because I have nothing to offer in a friendship.” Liza’s therapist works on helping Liza identify these negative thoughts and on replacing them with more positive thoughts.

13. **Systematic desensitization** is a therapy designed to reduce fears. First, the client is trained in progressive relaxation. Second, the client constructs a desensitization hierarchy. Then, the client and therapist together work their way through the hierarchy. When the client can maintain relaxation while mentally focusing on one level of fear in the hierarchy, he or she can move to the next level. Although it initially may be stressful, the client will learn to maintain relaxation while thinking about the feared stimulus on that level. At that point, the client can continue moving through the hierarchy until he or she can maintain relaxation at all levels. (see Techniques for Modifying Behavior)

*Example:* Joe is afraid of snakes. First, his therapist trains him in how to relax his body and mind. Next, his therapist and he construct a list of things that scare him about snakes, ordering the list from least scary to most. The least scary is seeing a picture of the word *snake*; the most is actually holding a snake. Joe’s therapist then helps him learn how to imagine himself in each scary situation on the list, starting with the least and progressing to the most, while maintaining the relaxed state.

14. **Modeling** is a behavior therapy that involves watching another perform a desired behavior. (see Techniques for Modifying Behavior)

*Example:* Priti is afraid of dogs. She watches her therapist pet various dogs, and then practices on a stuffed toy dog at home. This process of seeing her therapist model the behavior she fears helps her overcome her fear of dogs.

15. **Assertiveness training** helps clients learn to express their feelings and stand up for their rights in situations in which they typically feel awkward and shy about doing so. (see Techniques for Modifying Behavior)

*Example:* Amber is very shy. She often gets pushed out of lines because she is too timid to assert herself. During an assertiveness training session with a group of shy people, Amber and the others take turns modeling more assertive behavior. Some people are assigned the role of “butting in line” in front of her, and Amber is to practice saying, “Excuse me, but I was here first.” Amber is learning to stand up for herself.

16. **Positive reinforcement** is a behavior modification technique in which desirable behaviors are rewarded to encourage their repetition. (see Techniques for Modifying Behavior)
Example: Mark is working with a hyperactive child. When the child completes a task without being distracted, Mark rewards him with popcorn. After a while, the child has learned to work diligently on a task without being easily distracted.

17. A **token economy** is a system for reinforcing desirable behaviors with poker chips or other tokens that can be exchanged later for desired rewards. A token economy is used primarily in institutional settings. (see Techniques for Modifying Behavior)

   *Example:* Keisha is schizophrenic and is institutionalized. Her therapist gives her poker chips every time she brushes her teeth, takes a shower, and dresses herself appropriately. Keisha can then exchange these chips for TV privileges later in the day.

18. **Extinction** involves failing to reinforce an undesirable behavior, making the behavior less likely to occur in the future. (see Techniques for Modifying Behavior)

   *Example:* Lizzie wants her children to learn not to interrupt adults while they are speaking. She notices that in the past, when her children have interrupted her, she has rewarded them by responding to their interruption. She decides to ignore her children when they interrupt her for non-emergencies and to respond to them only when they wait their turn. Her children quickly learn that if they want to be acknowledged, they need to politely wait their turn to speak.

19. **Flooding** is a fear-reduction treatment with extinction as its basis. It involves placing a client into the very situation they fear. When clients experience that situation and learn that no pain or injury will result, the fear subsides. (see Techniques for Modifying Behavior)

   *Example:* Kirk is afraid of heights. His therapist takes him to the top of the tallest building in the city and they walk around together. Although initially Kirk was terrified, he soon realizes nothing bad is going to happen and his fear subsides.

20. **Aversion conditioning** is a treatment geared toward reducing inappropriate or undesirable behaviors. It involves the client learning to associate the undesirable behavior with physical or psychological discomfort. (see Techniques for Modifying Behavior)

   *Example:* Joel is an adolescent who has been getting involved in violent behavior. His parents are concerned and take him to a therapist, who has Joel imagine violent behavior and then presents vivid descriptions of things Joel was afraid of. Joel learns to associate fear with violent behavior, reducin
21. **Punishment** is an operant conditioning technique that involves creating a negative consequence to an undesirable behavior, reducing the likelihood of repetition of the undesirable behavior. (see Techniques for Modifying Behavior)

*Example:* James is trying to teach his client not to react violently to criticism. He has tried many treatment methods, none with success. Because his client’s violent behavior has escalated to a negative level, he decides to punish his client for every violent statement or act that occurs in the context of therapy. He gives his client a mild electrical shock after each violent statement or act. James is using punishment.

22. **Rational-emotive behavior therapy (REBT)** is a form of cognitive-behavior therapy developed by Albert Ellis. A client is taught to recognize self-defeating thought patterns and to replace them with more constructive thoughts. (see Cognitive-Behavior Therapy)

*Example:* Brady is a personnel administrator. He feels uncomfortable because he is often faced with disciplinary decisions that result in angry employees. His therapist has pointed out that it is unrealistic to think that everyone will like him and be happy with his decisions all the time. Brady learns to treat people fairly and not to expect them to like all of his decisions.

23. **Cognitive therapy** consists of a type of cognitive restructuring in which a client sees that her or his depression is due in part to erroneous and illogical thought patterns. The therapist helps point out those thoughts that precede anxiety and depression and then works with the client to test the logic of those thoughts. (see Cognitive-Behavior Therapy)

*Example:* Leslie is convinced that she will never be successful on her new job. As a result, she is very anxious. Her therapist helps her list the skills she will need on the new job. Then Leslie and the therapist recall past jobs where Leslie performed very well using just those skills. Leslie’s therapist helps her see that her anxiety-producing thoughts about her performance are wrong.

V. **Group, Family, and Couples Therapy**

24. **Group therapy** is psychotherapy conducted with groups of about five to ten people. The therapist can observe clients interacting with one another in real social situations; clients feel less alone when they realize that other people are struggling with similar problems, and they can learn from one another. (see Group Therapy)

*Example:* Misha is in a support group for teen mothers. The group members meet with a therapist once a week to discuss how things are going and to offer each other support.

25. **Family therapy** involves two or more individuals from the same family, one of whose problems make him or her the initially identified client, but the real client is the family. The goal of family therapy is to create harmony within the family by helping each member better understand the family’s interactions and the problems they create. (see Family and Couples Therapy)

*Example:* Robert has been hostile and depressed lately, but he is not attending therapy alone. Robert’s parents and sometimes his siblings go to sessions with him. The therapist observes how the family members interact and tries to help them see how they affect each other.

26. **Couples therapy** is similar to family therapy; its focus is on communication between partners. (see Family and Couples Therapy)

*Example:* Bart and Shannon are having marital difficulties. In therapy, Bart learns that when Shannon tells him about a problem she has at work, she just needs him to listen and be supportive rather than to try to “fix” the problem and coach her on how to deal with it. Shannon learns that when she criticizes Bart in an effort to help him, he feels that she doesn’t think he is good enough for her. Both Bart and Shannon are learning how to improve their communication.
VI. Evaluating Psychotherapy

VII. Thinking Critically: Are All Forms of Therapy Equally Effective?

VIII. Focus on Research: Which Therapies Work Best for Which Problems?

27. Empirically-supported therapies (ESTs) are therapies that have been validated by controlled research as effective for treating particular psychological disorders. (see Focus on Research: Which Therapies Work Best for Which Problems?)

Example: Cognitive therapy has been identified as an empirically supported therapy for treating depression. Other types of therapy have not been empirically supported by data showing the therapy works to improve the condition of the individual with depression.

IX. Biological Treatments

28. Electroconvulsive therapy (ECT) involves passing electric current through the brain. Today, shock is applied to only one brain hemisphere, and patients are given a deep muscle relaxant prior to treatment to prevent injury. ECT is used to treat depression when other treatments have failed. (see Electroconvulsive Therapy)

Example: Jess has experienced major depression. Her therapist is worried that Jess may attempt suicide, and all the therapies she has tried have failed. Jess’s therapist decides to shock part of Jess’s brain after Jess has been anesthetized and given a muscle relaxant. Jess is receiving ECT.

29. Neuroleptics are used to treat severe psychopathology. These drugs are effective in reducing hallucinations, delusions, paranoid suspiciousness, and incoherence. Unfortunately, neuroleptics such as chlorpromazine and haloperidol can cause severe side effects such as tardive dyskinesia. (see Psychoactive Drugs)

Example: Merina treats schizophrenics. She often finds that prescribing a Haldol can help reduce the hallucinations her patients experience.

30. Antidepressants, which increase levels of serotonin and norepinephrine, are useful in treating depression. This class of drugs includes monoamine oxidase inhibitors, tricyclic antidepressants, and fluoxetine. (see Psychoactive Drugs)

Example: Prozac is an example of an antidepressant.

31. Anxiolytics, also known as tranquilizers, are used to reduce anxiety, tension, and in some cases agoraphobia (Xanax). These drugs can be addictive and should not be combined with alcohol. (see Psychoactive Drugs)

Example: Valium is an example of an anxiolytic.

X. Linkages: Biology, Behavior, and the Treatment of Psychological Disorders
XI. Community Psychology

32. **Community psychology** attempts to minimize or prevent psychological disorders. Community psychologists’ efforts take two forms: attempts to eliminate causative factors of underlying psychological problems (such as poverty and inadequate or crowded housing) and early recognition of psychological problems and interventions designed to prevent problems from becoming worse. (see Community Psychology)

*Example:* Alyssa tries to find ways to reduce homelessness and to get treatment to people who are homeless. She hopes that by decreasing homelessness, she will reduce the number of people who need psychological treatment in the first place, or at least reduce the severity of their problems.