Psychotherapy
(For MBBS final year students)

Dr. Deoshree Akhouri
Assistant Professor
Dept. of Psychiatry,
J.N.M.C., AMU, Aligarh
Objectives: By the end of this lecture you will be able to:

• Define psychotherapy and to explore its mechanisms of action.
• Identify the main psychotherapeutic approaches.
• Recognize the conditions for which psychotherapeutic interventions are indicated or appropriate.
• Explore Short Term techniques especially Crisis Intervention.
Difference between psychotherapy and counseling


2. Counseling deals with present issues that are easily resolved on the conscious level whereas psychotherapy examines a person’s psychological history.

Psychotherapy is a treatment by psychological means, for problems of an emotional nature, in which a trained person deliberately establishes a professional relationship with a patient with the objective of:

(a) removing, modifying or retarding existing symptoms,

(b) mediating disturbed patterns of behaviour, and

(c) promoting positive personality growth and development.
To Achieve These Goals Three Psychotherapies Used

- Supportive psychotherapy
- Re-educative psychotherapy
- Reconstructive psychotherapy
1) Supportive Therapy

supportive psychotherapy emphasizes external rather than intra-psychic events.
Objective:

- bring back the emotional balance of the patient so that he can function almost according to his previous norm.
- to relieve the person’s distress.
- to enable him to cope better in the stressful situations (healthy adapting defenses).
- to eliminate or modify the environmental factor which are responsible for causing the stress.
Techniques used

Guidance:

intervention is done mainly through advice and it involves teaching essential skills to cope with similar problem. Guidance works on uncertainty, lack self-confidence and immature patients.
Environmental manipulation:

it is made to deal with the emotional problems by modifying or removing the discordant elements in the environment of the patient, which he finds stressful to cope with.

This kind of manipulation used with psychotics, mentally retarded, and alcoholics etc.
Externalization of interests:

pt. is helped to mobilize his interest in environment through various recreational endeavors, e.g. music, games or other social activities etc. The purpose is to stimulate the patient in such a way that he starts taking interest in the environment. Basically used for Anxiety and depressive pts.
Reassurance:

This is a commonly used supportive method in a clinical situation. The patient may be concerned with the irrational fears, which create anxiety. In such cases the therapist has to explain the false belief that the patient is nurturing.
Persuasion:

In persuasion, therapist acts as a monitor or guide for the patient. Therapist interprets and tries to formulate new goals for the patient, which will give him better satisfaction and healthy reality contact.
Emotional catharsis:

The patient is given an opportunity in a therapeutic atmosphere to ventilate his pent up feelings. Once these feelings are expressed without fear of criticism, the patient feels relaxed and his tension and anxiety decreases. By repeated ventilation the patient will be able to discriminate between what is there in reality and what is in imagination.
Suggestion:

It is one of the oldest techniques. In psychiatric practice it is given to relieve the symptoms. It may or may not be accepted as a whole. Only those aspects, which are meaningful to the patient, are accepted.

It works in specific behavior or habit disorder (nail biting, smoking, insomnia and overeating etc) and where patient is highly motivated to give up that symptom.
2) **Re-educative therapy**

**Objective:**

- Deliberate efforts at readjustment
- Modification of behaviour directly through positive and negative reinforcers
- Interpersonal relationships with deliberate efforts at environmental readjustment, goals modification, and
- the living up to existing creative potentialities with or without insight into conscious conflicts
Behaviour Therapy:

This therapy is based on theories of learning and aims at changing maladaptive behavior.

Techniques used in behaviour therapy are:
Biofeedback:

It is based on the idea that physiological functions (e.g., B.P., HR., muscle tension, etc...) which are not controlled voluntarily can be brought under voluntary control through operant conditioning if a person is provided with feedback information about these functions.
Feedback can be given via any modalities like sounds, lights or video screen. On receiving these signals, the person can be trained to control those functions and reach a related euthymic mental state. Measuring devices are skin temperature, Blood Pressure, Pulse Rate or galvanic response, EMG, EEG…
It is used in the management of many psychosomatic conditions including treatment of migraine, tension headache, hypertension, arrhythmias, and uncontrolled generalized tonic-clonic seizure and enuresis.
Aversion Therapy:

to decrease undesired behavior a painful stimulus is presented immediately after the behavior. Electric shocks, social disapproval, substances producing vomiting or physical discomfort are used as the stimuli. Used for homosexuality, alcoholics etc.
**Systematic Desensitization:**

A relaxed state inhibits the anxiety responses. This is called ‘reciprocal inhibition’. In systematic desensitization the patient is guided to be relaxed by various different relaxation techniques (e.g. simple relaxation, progressive relaxation, breathing exercises, contrast relaxation etc.).

While he attains complete relaxation, he is asked to bring to his mind, for a few seconds, the weakest of the anxiety-evoking situations (from least to most fearful situation) in the anxiety hierarchy.
Patient being in a relaxed state does not experience the negative reactions due to the dreaded stimulus.

This experience gets gradually generalized from therapeutic setting to real life situations.

Used for anxiety disorder, tension states, behaviour inhibition and some psycho-physiologic disorders.
Exposure and Response prevention:

relaxation is not involved in this technique. Therapist assists the patient to confront the object and simultaneously prevent the response.

This technique used for OCD, Phobia, PTSD etc. other techniques are flooding and implosion.
Social Skill Training: basically used for improving interpersonal relationship, coping stressfull situations, Patient’s self care and motivations are enhanced. This can be achieved by modelling, role play, and home work assignments etc. A major area of SST is assertive training. Mainly used for schizophrenic patient.
Aaron Beck the proponent of cognitive therapy states that it is based on the theory that a person's affect and behavior are largely determined by the way in which he cognitively structures and interprets the world (cognitive schemata developed from previous experience).

When faced with any situation, we respond with certain immediate interpretations (called automatic thoughts) which are highly influenced by our underlying or hidden beliefs or assumptions.
Cognitive Therapy

CT aims at correcting specific habitual error in thinking. The focus of cognitive therapy is to understand distorted belief and use techniques to change maladaptive thinking.

The patient has to carry out homework as discussed in the therapy session. The methods learnt should be practiced in every day life.
Thoughts
What we THINK affects how we act and feel

Emotions
How we FEEL affects what we think and do

Behaviour
What we DO affects how we think and feel
Techniques:

Identify cognitive distortions, test automatic thoughts, identify maladaptive assumptions.

The therapist takes an active, problem oriented, directive stance.
Cognitive techniques used for

- Identify and test automatic thoughts, i.e., test their rationality as hypotheses rather than facts.
- Identify and test the underlying assumptions or core beliefs.
- Correcting the distorted cognitions and replacing them with positive and more adaptive cognitive habits.
- Rehearsal of the new cognitive and behavioral responses.
The maintaining factors may be some thoughts or the way of thinking about the problem. Many types of cognitive errors are used by the patient, e.g. overgeneralization, catastrophic thinking, dichotomous thinking, jumping to conclusion and personalization etc.
Techniques used to overcome these cognitive errors are

- examining the evidence,
- direct disputation,
- decatastrophizing,
- cognitive rehearsal,
- thought stopping,
- graded task assignment and
- activity scheduling etc.
Cognitive therapy is applied in many psychiatric conditions like Depression, GAD, Panic and Phobic disorder, Alcohol use disorder, Substance dependence, Somatoform disorders, OCD and Personality disorders etc.
Dialectical behavioral therapy

DBT is a type of cognitive behavioral therapy used for high-risk, tough-to-treat patients. The term "dialectical" comes from the idea that bringing together two opposites in therapy -- acceptance and change -- brings better results than either one alone.

DBT was initially designed to treat people with suicidal behavior and borderline personality disorder. But it has been adapted for other mental health problems that threaten a person's safety, relationships, work, and emotional well-being.
Individual therapy typically involves weekly one-to-one sessions with a DBT therapist. Each session lasts approximately 45–60 minutes. The individuals sessions have a hierarchy of goals, including: ... To help you learn new skills to replace unhelpful behaviours and help you achieve your goals.

It helps through keeping daily diaries, individual and group therapy and phone coaching.
• A full course of dialectical behavior therapy takes around 6 months to complete.
• There are four main modules in DBT, mindfulness, distress tolerance, emotion regulation, and interpersonal effectiveness.
• These modules are also the stages used in DBT. Patients can expect to spend roughly 6 weeks on each module.
3) Re-constructive therapy:

Objective:

Is to bring the individual to an awareness of crucial unconscious conflicts and their derivatives.

It strives not only to bring about a restoration of the individual to effective life functioning, through resolution of disabling symptoms and disturbed interpersonal relationships, but it attempts also to promote maturation of emotional development with creation of new adaptive potentialities.
Techniques:

Psychoanalysis

Goal of Reconstructive psychotherapy is to develop Insight
There are four main types of Insight therapy

- Freudian Psychoanalysis
- Ego Analysis
- Non Freudian or Neo-Freudian Psychoanalysis
- Psychoanalytically Oriented psychotherapy
• All of these therapies aim at reconstructive alterations in the personality.
• In all of these therapies, methods by which, this objective is realized is differ
• Freudian psychoanalysis is the original technique of Sigmund Freud
• Ego analysis, while retaining the classical therapeutic form, focus on the adaptive function of the ego
• Neo-Freudian psychoanalysis, which includes the approaches of Horney, Sullivan, Rank, Jung, Adler
• Psychoanalytically oriented psychotherapy is the most active of the reconstructive therapies
Psychoanalysis is based on Sigmund Freud’s work. Basic concepts of psychoanalysis are – topographic theory of mind and structural theory of mind.

In *topographic theory* Freud divided mind into three regions such as conscious, preconscious and unconscious. In *structural theory* of mind Freud divided the mental apparatus into three dynamic structures: the id, the ego and the super-ego.
Psychoanalytic Therapies

I. Theory:
   A. View of Mind
   B. Core Issues:
      – intrapsychic conflict & psychosexual fixations
      – focus on past experiences/emotions

II. Process:
    – Therapeutic Alliance (relationship)
    – Resistance
    – Defense Mech

III. Technique:
    – Free Association,
    – Dream Interpretation,
    – resistance,
    – analysis of transference
Indications

Neurotic conflicts

Patients with Phobia and OCD, Conversion disorder, Dysthymia, Personality disorders, Impulse control disorder and Sexual disorders. Patients with antisocial, paranoid, schizoid personality disorder, substance use disorders, psychosis are unsuitable for psychoanalysis.
Group Therapy

Definition

A form of therapy in which therapeutic changes occur as a result of the interactions of patients with other patients and at least one trained professional therapist in a group setting.
Goals

• Relief of symptoms.
• Resolution of intra-psychic and interpersonal problems through insight and corrective experiences.
• Encouraging personality growth and development.

In group 6-12 patients (optimum 8) must be present. It takes 1-2 hours once or twice weekly. Duration of therapy depending on goals and therapy model but generally it continues for months to years.
GT used for heterogeneous (different diagnoses) and homogeneous (single diagnosis, e.g., special groups for substance abuse or PTSD).

**Model of therapy**

- Psychoanalytic theories are employed for resistance, transference etc.
- Uses of transactional analysis where at a given point of time therapist works on an individual others in groups behave as supportive audiences,
- Social skill training, cognitive resturing and
- Psychodrama
Marital Therapy

- A form of therapy concerned with maladjusted marital couples.
- It aims to reduce dysfunctional behaviour and psychiatric symptomatology of individual family members in the matrix of interpersonal relationship. It also tries to resolve intra-relational conflicts to mobilize family resources.
- Improve communication skills
CRISIS INTERVENTION

A strong emotional/behavioral reaction to an external situation or to internal conflicts which alters a person’s capacity to cope with life’s circumstances and affects their psychological stability.

Goal of Crisis Intervention

Restoration to previous levels of functioning
Psychological Characteristics of Persons in Crisis

- Psychological “Tunnel” vision
- Diminished range of options
- Pessimism with impaired Problem Solving abilities
- Lack of energy and of direction
- Psychological regression to stages of helplessness
Role of the Therapist

- Understanding of where the patient is and what his/her perception of the situation is. Provide support and reassurance
- Opening of perceptual focus and of the capacity to generate alternatives
- Help pt adapt to unchangable circumstances or to change those circumstances that may be changed.
Other Psychotherapeutic Modalities

- Mindfulness (MBCT, MBSR, MBRP)
- Play Therapy
- Art Therapy
- Dance Therapy
Take home points:

• Psychotherapy is effective in treating a wide variety of psychiatric patients
• There are different thoughts in psychotherapy
• The most important point is that the therapist’s responsibility is to make himself understandable to the patient by use of simple and correct words.
“STAY HOME, STAY SAFE”

Email me if any query
(drdeoshreeakhouri@gmail.com)