Psychiatry Central Teaching

Introduction to Psychological Therapies

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Plan for teaching session

Different models of psychotherapy

Models in detail
Models in action

A basic guide
Models of the Mind

Different theories/modalities rest on implicit fundamental assumptions

Is there an objective reality “out there”?

Balance between environmental or intrapsychic factors

Causation and mechanism or understanding and meaning
Different models of psychotherapy

• What factors influence human behaviour?

1. What are the basic aims of therapy?

2. What are the characteristic features of the therapeutic relationship?

2. What are the techniques and skills associated with this therapy?

3. What problems or patients can best be helped by this therapy?
Basic elements of all therapies

• Structure
• Space (contained by structure) - a space where something new can happen
• Therapeutic relationship
Major Modalities in Psychotherapy

STRUCTURALISTIC APPROACHES
Psychoanalytic / psychodynamic
Cognitive and Behavioural Therapies
Interpersonal psychotherapy
Group psychotherapy
Cognitive-behavioural group interventions
Family and systemic therapy
Psychodynamic couple therapy
Cognitive-behaviour therapy with couples
The Arts therapies
Psychotherapy integration

POST-STRUCTURALISTIC APPROACHES
Narrative therapy
Principle Models of Psychological therapies

Psychotherapy

Psychodynamic  Cognitive  Behavioural  Systemic

Individual
Group
Family
Couple
Principle Models of Psychological therapies

Psychodynamic

FEELING

Cognitive

THOUGHT

Behavioural

BEHAVIOUR
Principle Models of Psychological therapies
Psychodynamic Psychotherapy

Talking therapy adapted from psychoanalysis / psychoanalytical psychotherapy
Psychodynamic Psychotherapy

Treatment principles

1. Developmental perspective
2. Dynamic Unconscious
3. Psychic determinism
4. Resistance
5. Transference and Countertransference
Transference

Keeping Mum

THE PSYCHIC WARRIOR © 07

WRAPPING ME UP IN BANDAGES DOESN'T MAKE ME YOUR MUMMY, DOES IT, MR JONES? MR. JONES?
Countertransference

*Tanks very much*
Psychodynamic Psychotherapy

Techniques

1. Open ended / long term
2. Unstructured (space)
3. Therapist listening with no need to intrude
4. Therapeutic relationship is of high importance
5. “Working through” – attention to affect states, defences, resistances and understanding their meaning
Psychodynamic Psychotherapy

Distinctive features of psychodynamic technique

• Focus on affect and expression of emotion
• Exploration of attempts to avoid distressing thoughts and feelings
• Identification of recurring themes and patterns
• Discussion of past experience (developmental focus)
• Focus on interpersonal relations
• Focus on the therapy relationship
• Exploration of wishes and fantasies

“The goals of psychodynamic psychotherapy include, but extend beyond, symptom remission. Successful treatment should not only relieve symptoms (i.e., get rid of something) but also foster the positive presence of psychological capacities and resources”.

Psychodynamic Psychotherapy in action!

1. Why is this patient presenting with these symptoms now?
2. What is the meaning of the presenting symptoms?
3. How has the relationship with her mother coloured the relationship with her twin daughters?
4. Why is she treating them differently? How does she feel about it?
5. How has her relationships with important others when growing up influenced her ability to form relationships and her coping strategies?
6. What are the obstacles (resistance) in bonding with her daughter?
7. When does she feel more distressed and why then?
8. How will older patterns of relating be repeated with the therapist?
9. How does the therapist feel in her presence?
Cognitive Behavioural Therapy (CBT)

Psychological intervention (talking therapy) that effects change in symptoms, behaviours and functioning via changes in cognition
Cognitive Behavioural Therapy (CBT)

Treatment principles

1. Treats specific disorders / symptoms
2. Goal oriented (realistic limits)
3. Short-term / time limited (12-16 sessions)
4. Educational (pt controlling thoughts/actions)
5. Homework - skills acquisition
6. Patient and therapist take active role – collaborative relationship
7. Active therapist - teacher, motivator, educator
Cognitive Behavioural Therapy (CBT)

Techniques

1. Goal setting
2. Assessment / self-monitoring (questionnaires - behaviour)
3. Cognitive restructuring
4. Problem solving
5. Behavioural activation / activity scheduling (“chunking”)
6. Relapse prevention
7. Exposure therapy
CBT in action!

Basic Cognitive model

• Activating event - *birth of twin daughters and delayed bonding*

• Beliefs activated - “*She hates me*”
  “*I am a bad mother*, “*I am useless*”
  “*I am unlovable*”

• Emotions - *Anxiety / Low mood / Despair / Hopelessness / Anger*

• Behaviour - *Can’t comfort her daughter, can’t bond with her*
Family Therapy

Treatment principles

1. Families are self-regulating systems
2. Feedback and homeostatic mechanisms - circular causation
3. Meaning and function of symptoms in the family system
4. The “identified patient”
5. Transgenerational patterns
Family Therapy

Techniques

1. Looking at the structure of the family i.e hierarchies, roles
2. Looking at the patterns of relating
3. Education
4. Separation of the problem from the patient - externalising
5. Focusing on dominant / alternative stories
6. Focusing on values / assumptions
7. Deconstruction
Family Therapy in action

1. Who is the “identified patient”?
2. What is the daughter representing for the system?
3. What is the function of her symptoms (crying, not comforted)?
4. What is the relationship between mother and father?
5. What are the transgenerational patterns in the family?
6. What are the current dominant assumptions about good mothering?
7. The crying vs. the daughter’s identity as a whole
Indications for psychodynamic psychotherapy

- Recurrent depressive disorders or resistant depressive disorders
- Patients with chronic suicidal ideas
- Reactions to severe stress or trauma including sexual abuse
- Eating disorders
- Psychosomatic (psychosexual) disorders
- Personality disorders including patients who repetitively self harm
- Dissociative disorders (?)
Indications for Cognitive-Behavioural Therapy

- Depression
- Anxiety disorders
- Obsessive compulsive disorder
- Eating disorders
- Schizophrenia
Indications for Family Therapy

- childhood psychiatric disorders
- eating disorders
- schizophrenia
Reasons to be cautious when thinking about psychological therapies

- Patients suffering from acute grief/crisis/trauma
- Patients who are acutely psychotic
- Patients who are acutely suicidal
- Patients with excessive current alcohol or drug problems
- Patients who are at high risk of violence towards others
Common factors

EMPATHY

• Empathetic rapport and support: staying with and seeing pt through
• Process empathy/attunement: ongoing effort to stay attuned on a moment to moment basis with pt’s communication and convey an understanding
• Person empathy: experience near understanding of pt’s world
Common factors (Cont.)

RELATIONSHIP VARIABLES

• Working alliance: agreement on goals and tasks, the emotional bond
  Poor alliance: therapists take charge in early phases of therapy, perceived as cold, offers insight/interpretation prematurely, irritable, hostile, controlling, competitive

• Repairing alliance ruptures: reframe/change goals, clarify misunderstandings, explore relationship, new relational experience (holding environment)

• Avoiding stimulating pt’s resistance
  Change is greatest when the directiveness of the intervention is inversely correspondent with pt’s level of resistance

Japanese soldiers left defending pacific islands long after the war were treated as heroes before being gently told their efforts had been redundant for a long time
Common factors (Cont.)

Lambert and Barley (2002)
• Extratherapeutic factors 40%
• Specific techniques 15%
• Expectancy 15%
• Common factors 30%
A basic guide
The patient’s journey from first consultation to counselling

• Does this person need counselling?
• Does this person want counselling?
• How do they understand their difficulties?

Necessity of time to clarify these issues

Importance of attentive sympathetic listening
Example 1

Woman of 48 presenting with panic attacks. Unwilling to see these as linked to recent departure of her last child. Use of beta blockers & simple measures to control these allows her at follow-up 2 weeks later to see that a referral for CBT could be helpful. Has relaxation exercises & works on identifying negative thoughts underlying the problem & changing these to positive ones.
Example 2

Man in early 20s presenting with worsening of eczema, something which he has noticed occurs when he’s stressed. Has tried CBT-like self-help with no change. Can identify anxiety as being related to feelings that he’s unloveable. Has felt unwanted by his family & has associated this with parents wanting a girl when he was born. Works with psychodynamic counsellor, is able to see that these feelings arise from experience.
Example 3

Woman age 30 brings 10 year-old son who’s aggressive & hyperactive. When asked, says his 2 sisters are becoming increasingly quiet & withdrawn. Eventually admits husband is emotional bullying & they’re all scared of him. All agree to go to family therapy (*we wish!* ) & problem is looked at systemically revealing boy’s behaviour to be related to anger at his father as well as anger at himself for failing to protect his mother & sisters. Family relationships looked at in safe space & dad has individual sessions to help him look at his own behaviour.