

Psychoanalytic Therapy - Psychoanalysis

Assumptions: psychological problems are fueled by repressed impulses and conflicts of childhood (Freudian ideas)

Goal: To bring repressed feelings into conscious awareness so that the patient can deal with them

Commitment- often requires years of intense therapy (several days per week) and is therefore very expensive.

Methods

- use of free association and projective tests to reveal unconscious conflicts
- therapist interprets remarks (or lack of remarks) by suggesting underlying wishes, feelings, and conflicts to provide patient with insight
 - resistance = patients tendency to avoid topics that cause anxiety
 - transference = transferring unconscious feelings toward one person onto another (often the therapist)
- emphasis on childhood, patient lies on couch facing away from therapist

Other psychoanalytic therapies:

Psychodynamic (neo-Freudian) – face-to-face interaction, shorter commitment

Interpersonal - focuses on getting insight by examining current relationship and interpersonal behavior patterns.

ECLECTIC

Drawing from many different therapy styles.

Cognitive Therapies

Assumptions: how we interpret and attribute events affects how we feel about them

Goal: change the way client interprets events

Methods

1. Beck's Cognitive-Behavioral Therapy (CBT)

The therapist may ask questions that lead the patient to realizing incorrect **attributions** in an attempt to change the patient's pessimistic ideas, unrealistic expectations, and overly critical self-evaluations.

Behavioral aspects vary, but include include keeping a diary of significant events and associated feelings, thoughts and behaviors, gradually facing activities which may have been avoided, trying out new ways of behaving, relaxation or distraction techniques.

2. Rational Emotive Behavior Therapy (REBT) (Albert Ellis)

Based on the belief that anxiety and depression often stem from irrational and self-defeating beliefs, such as "I absolutely MUST, at all times, perform well or I am a bad person" or "Others MUST, at all times, treat me fairly or else they are bad people who deserve to be punished". REBT therapists tend to use forceful and active dispute to challenge these beliefs. (Think, Dr. Phil, "How's that working for you?")

Humanistic Therapy – Client-centered therapy

Assumptions: patients already possess the resources for growth; they simply lack UPR or genuineness, acceptance, and empathy

Goal: help clients reach their own conclusions about their difficulties

Commitment – varies greatly from person to person, but generally does not require years of therapy (as psychoanalysis does)

Methods – focus on person's conscious self-perceptions rather than therapist's interpretation; therapist listen without judging, offering unconditioned positive regard; ACTIVE LISTENING

Behavioral Therapies

Assumptions: self-awareness and insight are not enough to make problems go away. The problem behaviors are not the symptoms of an underlying problem, but rather the problem themselves.

Goal: applying established learning principles (operant and classical conditioning) to eliminate unwanted behaviors

Commitment: depends on severity of the problem, but gains can be made quickly in some

Methods: classical and operant conditioning; specific methods vary with style of therapy

Classical Conditioning Methods

1. Systematic Desensitization

A. therapist teaches patient a relaxation technique.

B. patient and therapist come up with a hierarchy of behaviors that elicit the anxiety

C. therapist gradually exposes patient to conditions listed on hierarchy while patient practices relaxation techniques.

- this is a type of exposure therapy because patient overcomes fear by exposure to the fear-producing condition.

- It makes use of counterconditioning (pairing a trigger stimulus, like a fear of elevators, with a new response that is incompatible with fear (like relaxation).

2. Aversive Conditioning

- therapist or patient replaces a positive response to a harmful stimulus with a negative response.

- Classical example – nausea-producing drug in alcohol beverage to treat alcoholism

- Limited effectiveness when used alone, but useful when paired with other types of treatment

Operant Conditioning Methods

Token economy

- using rewards to encourage wanted behaviors

- therapist gradually shifts from simple rewards to rewards that are more common in a real world situation; they also try to train patients to see intrinsic rewards for behaviors

- effective in group situations (homes, institutions, hospitals)

- commonly used for schizophrenia patients in institutions or hospitals

Observational Learning Methods

Modeling – patient observes others performing anxiety-provoking activities