Quadrant II – Transcript and Related Materials

Programme: Bachelor of Arts (CBCS)

Subject: Psychology

Paper Code: PSC 105

Paper Title: Understanding Psychological Disorders

Unit: I

Module Name: Treatment: Psychosocial Approaches to Treatment (Part I)

Module No: 09

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Psychosocial Approaches to Treatment

The different clinical approaches that the therapists use are as follows:

I)BEHAVIOR THERAPY: Behavior Therapy is a direct and active treatment that recognizes the importance of behavior, acknowledges the role of learning and includes thorough assessment and evaluation. Instead of exploring past traumatic events or inner conflicts, behavior therapists focus on the presenting problem -the problem or symptom that is causing the patient great distress.

a) Exposure therapy:

this is a guided exposure to anxiety-provoking stimuli. During exposure therapy, the patient or client is confronted with the fear producing stimulus in a therapeutic manner. This can be accomplished in a very controlled, slow and gradual way as in **systematic desensitization** or in more extreme manner, as in **flooding**, in which the patient directly confronts the feared stimuli at full strength (e.g. A housebound patient with agoraphobia being accompanied outdoors by the therapist. The for of the exposure can be real (**in vivo exposure**) or imaginary (**imaginal exposure**).

Systematic desensitization is aimed at teaching a person, while in the presence (of real or imaginary) of anxiety producing stimulus, to relax or behave in some other way that is inconsistent with anxiety. It may therefore be considered a type of counterconditioning procedure. The tern **systematic** refers to the carefully graduated manner in which the person is exposed to feared stimulus.

A client is first taught to enter a state of relaxation, typically by progressive concentration on relaxing various muscle groups. Meanwhile, patient and therapist collaborate in constructing an anxiety hierarchy that consists of imagined scenes graded as to their capacity to elicit anxiety. For example, for a dog-phobic patient, a low-anxiety step might be imagining a large and exuberant dog running towards the patient. Therapy sessions consist of the patient’s repeatedly imagining, under conditions of deep relaxation, the scenes in the hierarchy, beginning with low anxiety images and gradually working towards those in more extreme ranges. Treatment continues until all items in the

hierarchy can be imagined without notable discomfort, at which point the client's real-life difficulties typically have shown substantial improvement.

Imaginal procedures have some limitations, like not everyone is capable of vividly imagining the required scenes. ***In vivo*** exposure is used whenever practical, encouraging clients to confront anxiety provoking situations directly. In vivo exposure is not possible for all stimuli. In addition, occasionally a client is so fearful that he or she cannot be induced to confront the anxiety arousing situation directly. An important development in the behavior therapy is the use of virtual reality to help patients overcome their fears and phobias.

b) AVERSION THERAPY: Aversion Therapy involves modifying undesirable behavior by the old-fashioned methods of punishment. Probably the most commonly used aversive stimuli today are drugs that have noxious effects. Such as Antabuse, which includes nausea and vomiting when a person who has taken it ingests alcohol. In another variant, the client is instructed to wear a substantial elastic band on the wrist and to "snap" it when temptation arises, thus administering self-punishment.

c)MODELING: in this the client learns new skills by imitating another person, such as parents 0r therapist, who performs the behavior to be acquired. A young client may be exposed to behaviors or roles in peers who act as assistants to the therapists and then be encouraged to imitate and practise the desired new responses. For example, modelling may be used to promote the learning of simple skills such as self-feeding for a child with profound mental retardation or more complex skills such as being more effective in social situations for a shy, withdrawn adolescent.

d)SYSTEMATIC USE OF REINFORCEMENT: systematic programs that use reinforcement to suppress(extinguish) un-wanted behavior or to elicit and maintain desired behavior have achieved notable success. Often called contingency management programs, these approaches are often used in institutional settings, although this is not always the case.

Surprising problematic behavior may be as simple as removing the reinforcements that support it, provided, of course, that they can be. On another occasions, therapy is administered to establish desired behaviors that are missing. Examples of such approaches are response shaping and use of token economies. In **response shaping**, positive reinforcement is actively resisted or is not initially in an individual's behavioral repertoire. This technique has been used extensively in working with children's behavior problems.

e) TOKEN ECONOMIES: years ago, when behavior therapy was is in its infancy, token economies based on the principles of operant conditioning were developed for use with chronic psychiatric inpatients. When they behaved appropriately on the hospital ward, patients earned tokens that they could later use to receive rewards or privileges.

the **token economy** resembles the outside world, where an individual is paid for his or her work in tokens(money) that can later be exchanged for desired objects and activities. Although sometimes the subjects of criticism and controversy, token economies remain a relevant treatment approach for the seriously mentally ill and those with developmental disabilities.

EVALUATING BEHAVIOR THERAPY: compared with some other forms of therapy, behavior therapy has some distinct advantages. Behavior therapy achieves results in a short period of time because it is generally directed to specific symptoms, leading to faster relief of patient's distress and to Lower costs. The methods to be used are also clearly delineated and the results can be readily evaluated.

Overall, the results evaluated with behavior therapy compare favourably with those of other approaches.

Behavior therapy works better with certain kinds of problems than with others. Generally, the more pervasive and vaguely defined the client's problem, the less likely is behavior therapy is to be useful.

A recent development in the treatment of depression is a brief and structured form of therapy called ***behavioral activation.*** In this treatment the patient and therapist work together to help the patient find ways to become more active and engaged with life. The patient is encouraged to engage in activities that will help improve mood and lead to better ways of coping with specific life problems. Although this sounds quite simple, it is not always that easy to accomplish. However, evidence to date suggests that this form of therapy is very beneficial to patients and can lead to enduring change.

II)COGNITIVE AND COGNITIVE-BEHAVIORAL THERAPY

This stem from both cognitive psychology and behaviorism. No single set of techniques defines cognitively oriented treatment approaches. However, two main themes are important, 1) the conviction that cognitive process influence emotion, motivation, and behvior; 2) the use of cognitive and behavior-change techniques in a pragmatic manner.

a) RATIONAL EMOTIVE BEHAVIOR THERAPY:

The first form of cognitive therapy was developed by Albert Ellis and called **rational emotive behavior therapy (REBT).** REBT attempts to change a client's maladaptive thought processes, on which maladaptive emotional responses and thus beavior are presumed to depend.

The task of REBT is to restructure an individual's belief system and self-evaluation, especially with respect to the irrational "should"," ought", and "musts" that are preventing the individual from having a more positive sense of self-worth and an emotionally satisfying, fulfilling life. Several methods are used. One method is to disputes a person's false belief through rational confrontation.

REBT therapists also use behaviorally oriented techniques. For example, homework assignments must be given to clients to encourage clients to have new experiences and to break negative chains of behavior. Although the technique differs dramatically, the philosophy underlining REBT has something in common with that underlying humanistic therapy. Rational emotive behavior therapy aims to increase an individual's feelings to self-worth and clear the way for self-actualization by removing the false beliefs that have been stumbling blocks to personal growth.

b) BECK'S COGNITIVE THERAPY: this was originally developed for the treatment of depression and later for anxiety disorders. Now, this for of treatment is used for a broad range of conditions, including eating disorders and obesity, personality disorders, substance abuse, and even schizophrenia. The cognitive model is basically an information processing model for psychopathology. A fundamental assumption of cognitive model is that problems results from biased processing of external events or internal stimuli. These biases distort the way that a person makes sense of the experiences that she or he has in the world, leading to cognitive errors.

In the initial phase of cognitive therapy, clients are made aware of the connection between their patterns of thinking and their emotional responses. They are first taught simply to identify their own automatic thoughts and to keep record of their thought contents and their emotional reactions. with the therapist's help, they then identify the logic errors in their thinking and learn to challenge the validity of these automatic thoughts. The errors in the logic behind their thinking lead them 1) to perceive the world selectively as harmful while ignoring evidence to the contrary;2) to

overgeneralize on the bases of limited examples -for example, seeing themselves as totally worthless because they were laid off from work; 3)to magnify the significance of undesirable events , for example, seeing the job loss as the end of the world for them; and 4) to engage in absolutistic thinking – for example, exaggerating the importance of someone's mildly critical comment and perceiving it as proof of their instant descent from goodness to worthlessness. In Beck's cognitive therapy, clients do not change their beliefs by debate and confrontation as is common on REBT. Rather, they are encouraged to gather information about themselves.

EVALUATING COGNITIVE-BEHAVIORAL THERAPIES

The efficacy of Beck's cognitive treatment methods has been well documented. Research suggests that these approaches are extremely beneficial in alleviating many different types of disorders. For depression, cognitive-behavior therapy is at least comparable to drug treatment for all but must sever cases. It also offers long term advantages, especially with regard to the prevention of relapse. Cognitive therapy also produces dramatic results in the treatment of panic disorder and generalised anxiety disorder, and cognitive-behavioral therapy is now the treatment of choice for bulimia. Cognitive approaches have promise in the treatment of conduct disorder in children, substance abuse and certain personality disorders.