Section 1: Elements of the Treatment Process

Clients
- About 15% of the population uses mental health services every year.
- The most common problems are anxiety and depression.
- A client in treatment does not necessarily have a psychological disorder. In fact, half of all people seeking treatment do not have a specific disorder.
- Many people who would benefit from therapy do not seek it because of perceived social stigma.

Therapists
- **Psychologists**: Most psychologists have a Ph.D. in psychology. Many licensed psychologists (L.Psych) have an M.A. or M.Sc. in psychology.
  - Clinical psychologists typically work with psychological disorders.
  - Counselling psychologists typically work with everyday behavioural and relationship problems.
  - There is a great deal of overlap in the clinical and counselling fields.
- **Psychiatrists**: Psychiatrists are medical doctors (M.D.) who have specialized in psychiatry, the branch of medicine which deals with mental illness.
  - Psychiatrists tend to treat more severe psychological disorders than would a psychologist.
  - As medical doctors, they are able to prescribed drug therapies.
- **Other Mental Health Professionals**
  - **Social workers** normally have an M.S.W. (though some only have a B.S.W.) and work in a wide range of mental health capacities, including counselling.
  - **Psychiatric nurses** normally have a B.N. (though some do not have a degree) and have special training in psychology. They provide a wide range of mental health services, including counselling and both inpatient and outpatient nursing.
  - Other counsellors typically have a master's degree (M.A., M.Sc., M.Ed., M.S.W.) and specialize in such areas as education, drug addiction, marriage, or grief counselling.
  - Talented therapists are found in all these professions.

Section 2: Insight Therapies

**Insight therapies** involve verbal interactions intended to enhance client's self-knowledge and promote healthy changes in personality and behaviour.
Psychoanalysis

- *Psychoanalysis* emphasizes the recovery of unconscious conflicts, motives, and defences.
- Psychoanalysis was developed by Freud, who believed the primary cause of anxiety was the result of unconscious conflicts, especially those involving sex and aggression.
- A psychoanalyst will employ techniques to **probe the unconscious** of the client.
- **Free association** is a technique in which clients spontaneously express their feelings with as little conscious censorship as possible.
- **Dream analysis** is a technique in which the therapist interprets the client's dreams.
- **Interpretation** refers to the therapist explaining the significance of the client's thoughts, feeling, memories, and behaviours.
- **Resistance** occurs when a client unconsciously hinders the therapy process.
- **Transference** occurs when a client unconsciously starts relating to the therapist in a manner that reflects another relationship in the client's life. For example, a client may begin to relating to the therapist as if she was the client's mother.
- The process of psychoanalysis is very time consuming.
- The underlying principle of psychoanalysis assumes that once a person understands the unconscious conflict, the person can resolve it.
- There is a number of psychodynamic approaches to therapy, of which psychoanalysis is only one.

Client-Centered Therapy

- *Client-centered therapy* emphasizes providing a supportive emotional climate for clients, who then play a major role in determining the pace and direction of the therapy.
- Client-centered therapy was developed by Rogers. His belief was that anxiety (and therefore defences to anxiety) is caused by incongruence between self-concept and reality.
- The process of client-centered therapy is not as important as the therapeutic climate.
- **Genuineness**: The therapist must develop an honest relationship with the client.
- **Unconditional Positive Regard**: The therapist must be accepting and caring of the client and be non-judgemental. Though the therapist must be non-judgemental of the client, the therapist does not have to be approving of the client's behaviours.
- **Empathy**: The therapist must understand the client from the client's world view.
- The therapist provides little guidance and interpretation. Instead, the therapist helps to clarify the feelings of the client.

Cognitive Therapy

- **Cognitive theory** emphasizes recognizing and changing negative thoughts and maladaptive beliefs.
- For example, under this approach, depression is caused by negative thinking.
- The goal of therapy is to change the way the client thinks. Instead of automatic negative thoughts, the client learns to use more reasonable standards of evaluating situations.
- Unlike client-centered therapy, a cognitive therapist determines the pace and direction of the therapy, and may even argue with the client. Unlike psychoanalysis, a program of cognitive therapy takes relatively little time.
• Cognitive therapy is often used in conjunction with behavioural therapy. For example, a client may be given homework assignments between sessions.
• **Rational-emotive therapy** is a cognitive approach in which "you feel the way you think." It focuses on eliminating catastrophic thinking and changing the client's belief system.

**Group Therapy**
• *Group therapy* is the simultaneous treatment of a number of individuals.
• Group therapy is more cost and time effective, and can be just as beneficial.
• In group therapy, the participants act as therapists to each other, with the actual therapist maintaining the direction, pace, and therapeutic environment.
• Group therapy relies heavily on client-centered therapy.

**What's Good, What's Bad**
✓ Insight therapy is better than no treatment or a placebo.
X It is often difficult to quantify the success of insight therapy.
X Many people get better by themselves with no treatment whatsoever (spontaneous remission).

**Section 3: Behaviour Therapies**

**Behaviour therapies** involve the application of learning principles the change maladaptive behaviour.

**Systematic Desensitization**
• *Systematic desensitization* reduces anxiety due to phobias through conditioning. The process is as follows.
  1. The client and therapist build an anxiety hierarchy.
  2. The client is trained to relax.
  3. The client works through the hierarchy (with the least anxious situation), learning to relax at each step. The client moves from imagining the stimulus to confronting the real stimulus.
• This process is often called **counter-conditioning**.

**Aversion Therapy**
• *Aversion therapy* weakens an undesired response to a stimulus by pairing that stimulus with an aversive stimulus.
• For example, one treatment for alcoholics is to give them drugs which will cause them to vomit if they consume alcohol.
• Though aversion therapy is not widely used, it has been used successfully with substance abuse (including smoking), sexual deviance, gambling, and other undesirable behaviours.

**Social Skills Training**
• *Social skills training* improves interpersonal relationships through modeling, rehearsal, and shaping.
Social skills training may be used to increase assertiveness, anger management, and other interpersonal problems.

**Biofeedback**

- **Biofeedback** is a process by which people learn to control their ANS to improve relaxation.
- It has been used successfully to treat anxiety, ADD, and to reduce stress and the impact of stress-related illness (e.g., hypertension).

**What's Good, What's Bad**

- ✓ Behaviour therapies are effective and less time consuming than insight therapies.
- ✗ Behaviour therapies have been criticized for treating symptoms, not underlying problems.

**Section 4: Biomedical Therapies**

**Biomedical therapies** use physiological interventions to treat psychological disorders.

**Drug Therapy (Psychopharmacotherapy)**

- Mental disorders may be treated with drugs.
- **Anti-anxiety drugs** relieve tension, nervousness, and apprehension.
- **Tranquilizers**, such as Valium and Xanax, are often used to treat anxiety disorders.
  - ♦ Tranquilizers can have unpleasant side effects, such as addiction.
- **Anti-psychotic drugs** relieve psychotic symptoms, including hallucinations, confusion, and delusions.
  - ♦ Thorazine and Haldol are common drugs in this category.
  - ♦ Anti-psychotic drugs are very effective in treating schizophrenia.
  - ♦ The worst side effect of anti-psychotic drugs is **tardive dyskensia**, an incurable neurological disorder characterized by ticks, twitching, and other involuntary muscle movement.
- **Anti-depressant drugs** reduce the symptoms of depression.
  - ♦ Prozac and Paxil are among the drugs used to treat depression.
  - ♦ Lithium is used to treat bipolar disorder.
  - ♦ There can be unpleasant side effects of anti-depressants.
  - ♦ Drug therapy is very effective in treating a mental disorder. However, drugs may be overprescribed and, in many cases, should be used in conjunction with counselling.

**Electroconvulsive Therapy (ECT)**

- **Electroconvulsive therapy** uses electric shock to produce a seizure and convulsions.
- ECT is not used as widely as it once was. It is primarily used on extreme cases of depression when other therapies have failed.
- Many mental health professionals criticize any use of ECT. They consider it to be ineffective, or only effective as a placebo or as aversion therapy.
• Besides the question of whether ECT is effective, no one knows why it would be effective, i.e., there is no confirmed data on how it works.

Section 5: Trends and Issues in Treatment

• **Empirically Validated Treatments**: treatments must be proven through research.
• **Eclecticism**: most therapists use a combination of approaches.
• **Multicultural Sensitivity**: as North America becomes more culturally diverse, psychologists must become more sensitive to cultural differences.
  ♦ Members of minorities often don't seek treatment because of
    ▪ cultural barriers (a person may seek out an elder or clergyman rather than a therapist),
    ▪ language barriers (a person who does not speak English may have difficulty finding a therapist with whom he can communicate),
    ▪ financial barriers (a person may not have enough money or proper health insurance to pay for therapy),
    ▪ and institutional barriers (therapists tend to have little experience and training in treating minorities).
• **Deinstitutionalism**: Since the 1950s, there has been an increased emphasis on treating clients in the community, rather than in mental institutions.
  ♦ This is partly because of more effective drug therapies.
  ♦ This is less costly and, for most clients, more effective than institutionalization.
  ♦ Some clients, however, have little support when released from institutions.
  ♦ Some clients end up in "the revolving door", being admitted and released frequently.
  ♦ This has increased society's problem with homelessness.