# UNIT-5

Theoretical approaches to counseling

# Chapter Outline

- Biological Treatments
- Psychodynamic Psychotherapies
- Cognitive Behavior Therapy
- Humanistic Therapies
- Research on Psychotherapy
- Couples, Family, and Group Therapy
- Specific Treatments for Specific Disorders

# Overview

- **Psychotherapy is the use of psychological techniques and the therapist–client relationship to produce emotional, cognitive, and behavior change.**
- Today, the largest group of mental health professionals describe themselves as **eclectic,** meaning they use different treatments for different disorders.

# Overview

- *Psychotherapy outcome research* examines whether and when treatments are effective, while *psychotherapy process research* searches for the "active ingredients" in psychotherapy, that is, the therapeutic activities that promote positive change.
- Research shows that therapy is more effective when therapists appropriately reveal a bit about their own, similar struggles.

# Overview

- Unfortunately, some therapists do not offer or even educate their clients about more and less effective treatments, and there is an even bigger problem: Most people who need it do not get *any* psychological help.
- Eighty-seven percent of people with a diagnosable mental disorder have *not* received treatment in the past year, including many people with common, severe, and treatable disturbances.

# Overview

- Therapists working within the biological, psychodynamic, cognitive behavioral, and humanistic paradigms would approach treatment and evaluate a mentally ill person in very different ways.

**TABLE 3–1 Comparison of Biological, Psychodynamic, Behavioral, and Humanistic Treatments**

| Topic | Biological | Psychodynamic | Behavioral | Humanistic |
|---|---|---|---|---|
| Goal of treatment | Alter biology to relieve psychological distress | Gain insight into defenses/ unconscious motivations | Learn more adaptive behaviors/cognitions | Increase emotional awareness |
| Primary method | Diagnosis, medication | Interpretation of defenses | Instruction, guided learning, homework | Empathy, support, exploring emotions |
| Role of therapist | Active, directive, diagnostician | Passive, nondirective, interpreter (may be aloof) | Active, directive, nonjudgmental, teacher | Passive, nondirective, warm, supporter |
| Length of treatment | Brief, with occasional follow-up visits | Usually long term; some new short-term treatments | Short term, with later "booster" sessions | Varies; length not typically structured |

# Overview

## Brief Historical Perspective

- We can trace the roots of the treatment of psychological disorders to two broad traditions of healing: the spiritual/religious tradition and the naturalistic/scientific tradition.
- The spiritual/religious tradition is an ancient one that attributes both physical and mental ailments to supernatural forces.

# Overview

## Brief Historical Perspective (continued)

- One of the earliest examples of this tradition is the practice of *trephining*—chipping a hole through the unfortunate sufferer's skull with a crude stone tool—presumably, to allow evil spirits to escape.
- The influence of spiritual beliefs and rituals should not be ignored since believing is a powerful part of healing.

# Psychodynamic Psychotherapies

## Ego Analysis (continued)

- Other influential ego analysts include Erik Erikson and Karen Horney.
- Horney's lasting contribution was her view that people have conflicting ego needs: to move toward, against, and away from others.
- Erikson introduced the argument that an individual's personality is not fixed by early experience but continues to develop as a result of predictable psychosocial conflicts throughout the life span.

# Cognitive Behavior Therapy

- **Cognitive behavior therapy** involves teaching new ways of thinking, acting, and feeling using different, research-based techniques.
- In contrast to the psychodynamic approach, cognitive behavior therapists focus on the present and on behavior, adhering to the truism, “Actions speak louder than words.”

# Cognitive Behavior Therapy

- The beginnings of behavior therapy can be traced to John B.Watson's **behaviorism**.
- Watson viewed the behavior therapist's job as being a teacher.
- The therapeutic goal is to provide new, more appropriate learning experiences.
- More recently, behavior therapy has been extensively influenced by the findings of cognitive psychology.

# Cognitive Behavior Therapy

- Cognitive behavior therapy is a practical approach oriented to changing behavior rather than trying to alter the dynamics of personality.
- One of the most important aspects of cognitive behavior therapy is its embrace of empirical evaluation.

# Cognitive Behavior Therapy

## Systematic Desensitization

- **Systematic desensitization** is a technique for eliminating fears that has three key elements.
- The first is relaxation training using *progressive muscle relaxation*, a method of inducing a calm state through the tightening and subsequent relaxation of all of the major muscle groups.

# Cognitive Behavior Therapy

## Systematic Desensitization (continued)

- The second is the construction of a *hierarchy of fears* ranging from very mild to very frightening, a ranking that allows clients to confront their fears gradually.
- The third part of systematic desensitization is the *learning process*, namely, the gradual pairing of ever-increasing fears in the hierarchy with the relaxation response.

# Cognitive Behavior Therapy

## Systematic Desensitization (continued)

- Systematic desensitization involves imagining increasingly fearful events while simultaneously maintaining a state of relaxation.
- Evidence shows that systematic desensitization can be an effective treatment for fears and phobias, but it is not clear whether classical conditioning accounts for the change.

# Cognitive Behavior Therapy

## Other Exposure Therapies

- Although many factors contribute to effective cognitive behavior therapy, most investigators agree that *exposure* is the key to fear reduction.
- **In vivo desensitization** involves gradually confronting fears in real life while simultaneously maintaining a state of relaxation.
- **Flooding** involves helping clients to confront their fears at full intensity.

# Cognitive Behavior Therapy

## Aversion Therapy

- The goal in **aversion therapy** is use classical conditioning to create, not eliminate, an unpleasant response.
- The technique is used primarily in the treatment of substance use disorders such as alcoholism and cigarette smoking.
- Aversion treatments often achieve short-term success, but relapse rates are high.

# Cognitive Behavior Therapy

## Contingency Management

- **Contingency management** is an operant conditioning technique that directly changes rewards and punishments for identified behaviors.
- A **contingency** is the relationship between a behavior and its consequences; thus, contingency management involves changing this relationship.
- The goal of contingency management is to reward desirable behavior systematically and to extinguish or punish undesirable behavior.

# Cognitive Behavior Therapy

## Contingency Management (continued)

- The **token economy** is an example of contingency management that has been adopted in many institutional settings.
- In a token economy, desired and undesired behaviors are clearly identified, contingencies are defined, behavior is carefully monitored, and rewards or punishments are given according to the rules of the token economy.

# Cognitive Behavior Therapy

## Contingency Management (continued)

- Research shows that contingency management successfully changes behavior for diverse problems such as institutionalized clients with schizophrenia and juvenile offenders in group homes.
- However, improvements often do not generalize to real life situations where the therapist cannot control rewards and punishments.

# Cognitive Behavior Therapy

## Social Skills Training

- The goal of **social skills training** is to teach clients new ways of behaving that are both desirable and likely to be rewarded in everyday life.
- Two commonly taught skills are assertiveness and social problem solving.
- The goal of **assertiveness training** is to teach clients to be direct about their feelings and wishes.

# Cognitive Behavior Therapy

## Social Skills Training (continued)

- **Social problem solving** is a multi-step process that has been used to teach children and adults ways to go about solving a variety of life's problems.
- The first step involves assessing and defining the problem in detail, breaking a complex difficulty into smaller, more manageable pieces.
- "Brainstorming" is the second step in social problem solving.

# Cognitive Behavior Therapy

## Social Skills Training (continued)

- The third step involves carefully evaluating the options generated during brainstorming.
- Finally, the best solution is chosen and implemented, and its success is evaluated objectively.
- If the option does not work, the entire process can be repeated until an effective solution is found.

# Cognitive Behavior Therapy

## Cognitive Techniques

- All of the cognitive behavior therapies we have discussed so far have foundations in either classical or operant conditioning.
- More recent techniques are rooted in cognitive psychology.
- One example is **attribution retraining**, which is based on the idea that people are "intuitive scientists" who are constantly drawing conclusions about the causes of events in their lives.

# Cognitive Behavior Therapy

## Cognitive Techniques (continued)

- These perceived causes, which may or may not be objectively accurate, are called *attributions.*
- Attribution retraining involves trying to change attributions, often by asking clients to abandon intuitive strategies.
- Instead, clients are instructed in more scientific methods, such as objectively testing hypotheses about themselves and others.

# Cognitive Behavior Therapy

## Cognitive Techniques (continued)

- **Self-instruction training** is another cognitive technique that is often used with children.
- In Meichenbaum's self-instruction training, the adult first models an appropriate behavior while saying the self-instruction aloud.
- This procedure is designed as a structured way of developing *internalization*, helping children to learn internal controls over their behavior.

# Cognitive Behavior Therapy

## Beck's Cognitive Therapy

- Aaron Beck's **cognitive therapy** was developed specifically as a treatment for depression.
- Beck suggested that depression is caused by errors in thinking.
- These hypothesized distortions lead depressed people to draw incorrect, negative conclusions about themselves, thus creating and maintaining the depression.

# Cognitive Behavior Therapy

## Beck's Cognitive Therapy (continued)

- Beck's cognitive therapy involves challenging these negative distortions by gently confronting clients' cognitive errors in therapy, and asking clients to see how their thinking is distorted based on their own analysis of their life.

# Cognitive Behavior Therapy

## Rational-Emotive Therapy

- Albert Ellis's **rational–emotive therapy (RET)** is also designed to challenge cognitive distortions.
- According to Ellis, emotional disorders are caused by *irrational beliefs*, absolute, unrealistic views of the world.
- The rational–emotive therapist searches for a client's irrational beliefs, points out the impossibility of fulfilling them, and uses any and every technique to persuade the client to adopt more realistic beliefs.

# Cognitive Behavior Therapy

## Integration and Research

- What unites cognitive behavior therapists is a commitment to research, not to a particular form of treatment.
- Cognitive behavior therapists have been vigorous in conducting psychotherapy outcome research, and they generally embrace any treatment with demonstrated effectiveness.

# Cognitive Behavior Therapy

## Integration and Research (continued)

- For this reason, we envision what is now called cognitive behavior therapy as becoming the integrated, systems approach to treatment, as more and more therapists offer eclectic but effective treatments for different disorders.

# Humanistic Therapies

- **Humanistic psychotherapy** originally was promoted as a “third force” in psychotherapy.
- Humanistic therapists believe that that each of us has the responsibility for finding meaning in our own lives.
- Therapy is seen only as a way to help people to make their own life choices and resolve their own dilemmas.

# Humanistic Therapies

- To help clients make choices, humanistic therapists strive to increase *emotional awareness.*
- Given the emphasis on emotional genuineness, humanistic psychotherapists place a great deal of importance on the therapist–client relationship.

# Humanistic Therapies

- Most other approaches also recognize the importance on the therapist–client relationship, but they view the relationship primarily as a means of delivering the treatment.
- In humanistic therapy, the relationship is the treatment.

# Humanistic Therapies

## Client-Centered Therapy

- Carl Rogers and his *client-centered therapy* provide a clear example of the humanistic focus on the therapeutic relationship.
- Rogers wrote extensively about the process of fostering a warm and genuine relationship between therapist and client.
- He particularly noted the importance of **empathy,** or emotional understanding.

# Humanistic Therapies

## Client-Centered Therapy (continued)

- Empathy involves putting yourself in someone else's shoes and conveying your understanding of that person's feelings and perspectives.
- The client-centered therapist does not act as an "expert" who knows more about the client than the client knows about himself or herself.
- Rather, the therapeutic goal is to share honestly in another human's experience.

# Humanistic Therapies

## Client-Centered Therapy (continued)

- Rogers encouraged *self-disclosure* on the part of the therapist, intentionally revealing aspects of the therapist's own, similar feelings and experiences as a way of helping the client.
- Rogers also felt that client-centered therapists must be able to demonstrate unconditional positive regard for their clients.
- **Unconditional positive regard** involves valuing clients for who they are and refraining from judging them.

# Humanistic Therapies

## Client-Centered Therapy (continued)

- Because of this basic respect for the client's humanity, client-centered therapists avoid directing the therapeutic process.
- According to Rogers, if clients are successful in experiencing and accepting themselves, they will achieve their own resolution to their difficulties.
- Thus client-centered therapy is *nondirective.*

# Humanistic Therapies

## A Means, Not an End?

- Little research has been conducted on whether or not humanistic therapy is an effective treatment for abnormal behavior.
- Psychotherapy process research shows that the bond or **therapeutic alliance** between a therapist and client is crucial to the success of therapy—no matter what approach is used.
- A therapist's caring, concern, and respect for the individual are important to the success of *all* treatments for psychological disorders.

# Research on Psychotherapy

## Does Psychotherapy Work? (continued)

- Thus, we can conclude that therapy "works," but you should remember a very important qualification: Research shows that many benefits of psychotherapy diminish in the year or two after treatment ends.

# Research on Psychotherapy

## The Placebo Effect (continued)

- Experts agree that many of the benefits of physical and psychological treatments are produced by placebo effects, which apparently are caused by the recipient's belief in a treatment and expectation of improvement.
- Research shows that the "active ingredients" in placebos include heightened expectations for improvement and classical conditioning owing to past, successful treatment.

## TABLE 3–4 Common Factors in Effective Brief Psychotherapies

1. Treatment is offered soon after the problem is identified.
2. Assessment of the problem is rapid and occurs early in treatment.
3. A therapeutic alliance is established quickly, and it is used to encourage change in the client.
4. Therapy is designed to be time limited, and the therapist uses this to encourage rapid progress.
5. The goals of therapy are limited to a few specified areas.
6. The therapist is directive in managing the treatment sessions.
7. Therapy is focused on a specific theme.
8. The client is encouraged to express strong emotions or troubling experiences.
9. A flexible approach is taken in the choice of treatment techniques.

*Source:* Adapted from M.P. Koss and J.M. Butcher, 1986, Research on brief psychotherapy. In S.L. Garfield and A. E. Bergin (Eds.), *Handbook of Psychotherapy and Behavior Change,* 3rd ed, pp. 627–670. New York: Wiley.

# Research on Psychotherapy

## Therapy as Social Support

- The therapist–client relationship is one essential common factor across different approaches to therapy.
- Carl Rogers argued that warmth, empathy, and genuineness formed the center of the healing process, and research on psychotherapy process indicates that a therapist's supportiveness is related to positive outcomes across approaches to treatment.

# Research on Psychotherapy

**Therapy as Social Support (continued)**

- Objective indicators of a therapist's support are less potent predictors of successful outcome than are a client's rating of the therapist.
- Clients may perceive different therapeutic stances as supportive, depending on the particular types of relationships with which they are most comfortable.

# Research on Psychotherapy

## Therapy as Social Influence

- Psychotherapy is a process of social influence as well as of social support.
- Jerome Frank, an American trained in psychology and psychiatry, argued that, in fact, psychotherapy is a process of persuasion—persuading clients to make beneficial changes in their emotional lives.
- Psychotherapy process research clearly demonstrates the therapist's social influence.

# Research on Psychotherapy

**Therapy as Social Influence (continued)**

- Psychotherapy is not value free.
- There are values inherent in the nature of therapy itself—for example, the belief that talking is good.
- Moreover, the values of individual therapists about such topics as love, marriage, work, and family necessarily influence clients.

# Couples, Family and Group Therapy

## Couples Therapy

- **Couples therapy** involves seeing intimate partners together in psychotherapy.
- The goal of couples therapy typically is to improve the relationship, and not to treat the individual.
- Couples therapists typically help partners to improve their *communication* and *negotiation* skills.

# Couples, Family and Group Therapy

## Couples Therapy (continued)

- Research shows that couples therapy can improve satisfaction in marriages.
- When couples therapy is used in conjunction with individual treatment, the combined approach often is more effective than individual therapy alone.

# Couples, Family and Group Therapy

## Family Therapy

- **Family therapy** might include two, three, or more family members in a treatment designed to improve communication, negotiate conflicts, and perhaps change family relationships and roles.
- **Parent management training** is an approach that teaches parents new skills for rearing troubled children.

# Couples, Family and Group Therapy

## Family Therapy (continued)

- As with individual and couples therapy, there are many different theoretical approaches to family therapy.
- Many approaches to family therapy are distinguished, however, by their longstanding emphasis on systems theory.

# Couples, Family and Group Therapy

## Family Therapy (continued)

- In applying systems theory, family therapists emphasize interdependence among family members and the paramount importance of viewing the individual within the family system.
- A common goal in systems approaches to family therapy is to strengthen the alliance between the parents, to get parents to work together and not against each other.

# Couples, Family and Group Therapy

## Group Therapy

- **Group therapy** involves treating a collection of several people who are facing similar emotional problems or life issues.
- **Psychoeducational groups** are designed to teach group members specific information or skills relevant to psychological well-being.
- In **experiential group therapy** the relationships formed between group members in a unique setting become the primary mode of treatment.

# Couples, Family and Group Therapy

## Group Therapy (continued)

- In an **encounter group**, group members may question self-disclosure when it is "phony" but support more honest appraisals of oneself.
- **Self-help groups** bring together people who face a common problem and who seek to help themselves and each other by sharing information and experiences.

# Couples, Family and Group Therapy

## Group Therapy (continued)

- Technically, self-help groups are not therapy groups, because typically a professional does not lead them.
- Available evidence suggests that self-help groups can be beneficial even when they are delivered by **paraprofessionals**—people who do have limited professional training, but who have personal experience with the problem.

# Couples, Family and Group Therapy

**Prevention**

- **Community psychology** is one approach within clinical psychology that attempts to improve individual well-being by promoting social change.
- **Primary prevention** tries to improve the environment in order to prevent new cases of a mental disorder from developing.

# Couples, Family and Group Therapy

## Prevention (continued)

- **Secondary prevention** focuses on the early detection of emotional problems in the hope of preventing them from becoming more serious and difficult to treat.
- **Tertiary prevention** may involve any of the treatments discussed in this chapter, because the intervention occurs after the illness has been identified.

# Couples, Family and Group Therapy

## Prevention (continued)

- In addition to providing treatment, however, tertiary prevention also attempts to address some of the adverse, indirect consequences of mental illness.
- Many prevention efforts face an insurmountable obstacle: We simply do not know the specific cause of most psychological disorders.