Psychotherapies

Citrus Review 2019

Updates: SimplePsych 2021

Outline

- **Proficient**
  - Supportive
  - Psychodynamic
  - CBT
  - Family therapy
  - Group therapy

Can assume the role of a primary therapist with supervision

- **Working**
  - Behavioral therapy
  - DBT
  - IPT

Familiarity
Participation as observer or co-therapist

- **Introductory**
  - Brief psychodynamic
  - Mindfulness
  - MI
  - Relaxation

KEY components of the therapeutic relationship:

- Alliance and group cohesion
- Collaboration
- Goal consensus
- Empathy
- Positive regard and affirmation
- Collecting feedback

Maintain Frame

- Ground rules
  - Attend to safety
  - No coming intoxicated
  - **Consistent schedule, start & end times**
  - Maintain boundaries, confidentiality, professionalism
  - Include family where possible
  - Collaborate within **circle of care**

Unresolved Developmental Trauma

- Endemic in clinical populations
  - Ask gently → **ACEs questionnaire**

- Recognize signs & symptoms
  - Narrative incoherence, alexithymia, mentalizing deficits
  - **Fearful/disorganized attachment**
  - Emotional dysregulation, relational problems

- **Zone of optimal arousal**
  - By validating distress
  - Allows patient to think, feel, reflect & mentalize

The Expressive-Supportive Continuum

- Interpret
- Observe

- Confront
- Clarify

- Encourage to elaborate
- Empathetically validate

- Psychoeducation
- Advise
- Praise

Expressive or Supportive Emphasis

Expressive	Supportive
• Strong motivation to understand	• Significant ego defect of chronic nature
• Significant suffering	• Severe life crisis
• Ability to regress in the service of the ego	• Low anxiety tolerance
• Tolerance for frustration	• Poor frustration tolerance
• Capacity for insight	• Lack of psychological mindedness
• Intact reality testing	• Poor reality testing
• Meaningful relationships	• Severely impaired relationships
• Good impulse control	• Poor impulse control
• Ability to maintain a job	• Low intelligence
• Capacity to think in analogy/metaphor	• Low capacity for self-observation
• Reflective responses to trial interpretations	• Tenuous ability to form therapeutic alliance

Supportive Therapy

Supportive Therapy

- **Non-directive** approach indicated for various conditions, including acute crises, when exploratory work is not suitable

- Goals = **symptom relief + adaptation**
  - Ameliorate symptoms
  - Foster stability + improved function
  - Improve self-esteem
  - Support adaptive efforts to decr relapse risk

The Therapeutic Stance

- Conversational
  - Active listening, not interrogating
  - **Responsive** (diminish anxiety, fear)
  - Empathetic, direct, supportive

- Transparent, Collaborative
  - Explain reasons for questions
  - Agree on topics for discussion

- Psychoeducation i.e. “High emotion can activate your fight/flight/freeze system and make it difficult to respond in the most effective way. Let’s work on some strategies you could use when you are feeling really overwhelmed.”

Supportive Techniques I

- 1) Focus on present
  - Express interest, respect, acceptance, empathy, understanding
- 2) Get to know your patients
  - Including supportive people in their lives
- 3) Build self-esteem + reduce anxiety
  - Praise accomplishments
  - Provide honest reassurance + encouragement

Supportive Techniques II

4) • Advice, teaching & guidance
  - Manage challenges, optimize function

5) • Clarify, summarize & paraphrase

6) • Discuss maladaptive behaviors if relevant
  - Use **MI techniques** to motivate change

Supportive Therapy Dos & Don’ts

Do	Don’t
• Make an emotional connection • Follow affect • Build alliance • Encourage catharsis • Emphasize strengths	• Interrupt feelings prematurely • Problem solve for the patient • Structure the session • Be too active • Assign homework

Psychodynamic Psychotherapy

Psychodynamic Psychotherapy

*"involves attention to the **therapist-patient interaction**, with carefully timed **interpretation of transference and resistance**, embedded in a sophisticated understanding of the patient and an appreciation of the therapist's contribution to the **two-person field**"*

- Gunderson & Gabbard

- Originated from Freud's method of psychoanalysis
- Unconscious thoughts and feelings influence how we think, feel, behave and relate with others
- The relationship with the therapist helps people understand and change habitual ways of thinking and behaving

Developmental perspective: patterns of feelings, thoughts and behaviours are laid down in the brain in childhood as a result of the individual's biological predisposition and developmental history.

Negative childhood experiences --> patterns developed to avoid the pain/distress (defense mechanisms) —> patterns appropriate to the individual's childhood view of the world, but hinder growth in later life —> recurrent intrapsychic, interpersonal and behavioural difficulties

- Patients may be aware of a painful/self-defeating pattern, but feel unable to escape it (e.g. abusive partners, repeat self-sabotage)
- Reflect the fact that the underlying core conflicts, fears and fantasies remain outside of awareness (i.e. unconscious)

Psychodynamic Psychotherapy Indications

- Non-psychotic, complex, long-standing, treatment-resistant:
  - GAD, chronic depression, unresolved trauma
  - Personality disorders, multiple comorbidities
- NOT the worried well
- CANMAT Depression guidelines
  - Third-line treatment for acute MDD and maintenance MDD

    Short-term PDT: 2nd line acute MDD

Positive prognostic features:
- High motivation
- Can form relationships
- Psychologically minded
- Ego strength

Key Concepts

Techniques:
- Listen for themes and clues to unconscious fears, wishes and fantasies; via free association, exploration of dreams
- Observe the process - follow affect, identify defences, monitor transference and countertransference
- Explore and work through these observations using reflections, confrontation, invitation and interpretation

- **Some of mental life is unconscious**
- **The past influences the present**
  - Trauma & neglect are sources of pathology
- **Transference & countertransference**
  - Data for understanding patients
- **Defense & resistance**
  - Mind may keep unpleasant thoughts out of awareness
  - But can emerge to cause symptoms & difficulties
- **Subjectivity**
  - Reflecting, mentalizing, inner subjective experiences
  - Improve agency, authenticity

Resistance

- *Patient's attempt to protect self by **avoiding the anticipated emotional discomfort** that accompanies the emergence of conflictual, dangerous, or painful experiences, feelings, thoughts, memories, needs and desires*

Transference

- *Reactions based on perceptions of, and responses to, a person in the **here and now** that **reflects past feelings** about, **or responses** to important people earlier in one's life, especially **parents & siblings***

Patients will use the same patterns derived from childhood to protect themselves from experiencing painful and distressing feelings during the therapy (AKA defense mechanisms)

Countertransference

- Freud
  - Therapist's transference

- Winnicott & contemporaries
  - **"Objective countertransference"**
  - Strong feelings towards patients reflects what patient may evoke in others
  - Rather than it being a sole product of therapist's unconscious conflict

Hierarchy of Defense Mechanisms

Primitive	Neurotic	Mature
• Splitting • Projective identification • Denial • Dissociation • Idealization • Acting out • Somatization	• Introjection • Identification • Displacement • Intellectualization • Isolation of affect • Rationalization	• Humor • Suppression • Altruism • Anticipation • Sublimation • Asceticism

Defense Mechanism Quiz

- David is always cracking jokes
- Fiona vilifies some, idealizes others
- Georges tends to analyze situation with little display of affect
- Barbara engages in self-harm when upset
- Andrew is oft certain others feel exactly as he dose
- Susan spends all her volunteer time helping others

humour
splitting
isolation of affec
acting out
identification
altruism

Brief Psychodynamic Psychotherapy

Short-Term Anxiety-Provoking Psychotherapy

- **Peter Sifneos** (1920-2008)
  - Born in Lesbos, Greece
  - Harvard Medical School

- Coined term **“alexithymia”**

https://www.goodtherapy.org/famous-psychologists/peter-sifneos.html

Short-Term Anxiety-Provoking Psychotherapy

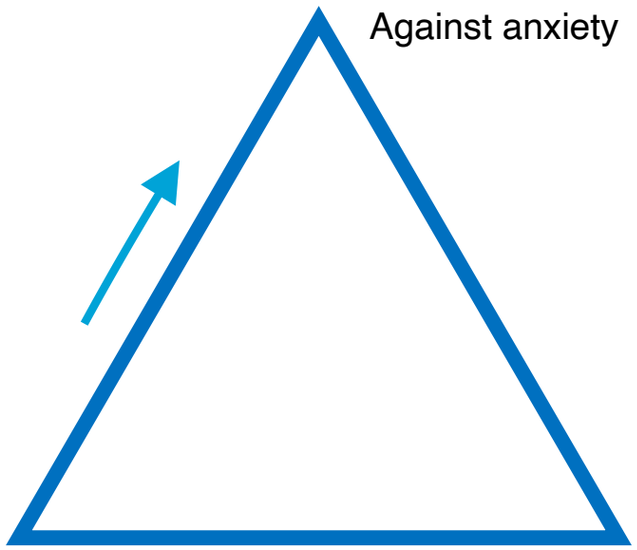
- Anxiety-provoking confrontations
  - **Direct attack on patient defenses**
  - Understand mechanisms used in dealing with oedipal conflicts
  - Focus on oedipal conflict + goal of resolution
  - Development of insight

Short-Term Anxiety-Provoking Psychotherapy

Therapy Dose & Indications	• 10 – 20 sessions, once weekly **(but NO set number of sessions)** • Depressive disorders, some anxiety disorders • Adjustment disorder
Therapist Tasks	• Build alliance • Contract about focus • Work through, corrective experience
Techniques	• Use of positive transference • Maintain focus • **Anxiety-provoking confrontations**

Malan's Triangle of Conflict & Triangle of Person

Developed to illuminate transference in therapy
KEY element of therapy - linking the trianges



Defense

Against anxiety

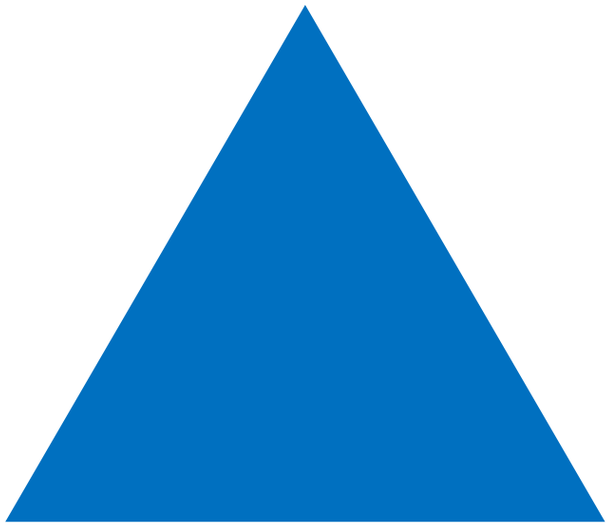
Anxiety

Impulse

Hidden feelings
Unconscious
emotional need

Current relationships
(others)

Current



Transference

(therapist)

Past

(parents)

Early relationships

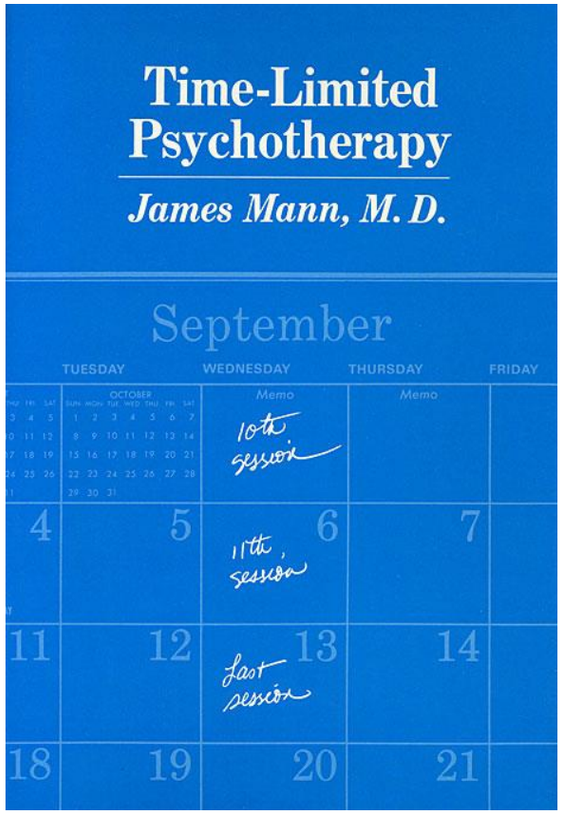
Malan's Brief Focal Psychotherapy

- Average 20 session → **termination date set in advance**
- Focus = **internal conflict present since childhood**
  - Development of insight is imperative
- Identify transference early
  - Link transference to **relationships with their parents**

Mann's Time-Limited Psychotherapy

- **Termination** is major focus of therapy
- **Only 12 sessions**

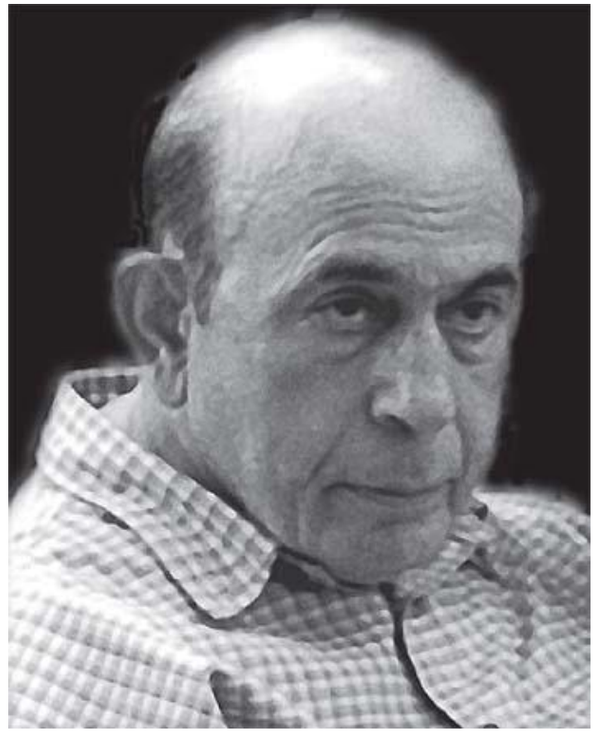
- Focus
  - Present & chronically endured pain
  - Particular image of the self
  - Conflicts likely to be encountered:
    - Independence vs dependence
    - Activity vs passivity
    - Unresolved vs delayed grief
    - Adequate vs inadequate self-esteem



Short-Term Dynamic Psychotherapy (STDP)

- **Habib Davanloo** (1927-present)
  - Iranian psychoanalyst
  - Working at McGill

- Contributions
  - Developed STDP



https://en.wikipedia.org/wiki/Habib_Davanloo

Short-Term Dynamic Psychotherapy

Therapy Dose & Indications	• **NO set number of sessions** • Depressive disorders, some anxiety disorders, adjustment • Somatoform, hypochondriasis, cluster C traits
Therapist Tasks	• Build therapeutic alliance • Rapidly reduce resistance • **Access unconscious** via rage, guilt, other patient feelings • Increase patient awareness • Work to change way patient relates to others
Techniques	**Central dynamic sequence** • Problem inquiry, pressure, challenge, access unconscious • Analyze transference, explore conflict, consolidate • Terminate

Interpersonal Psychotherapy

Interpersonal Therapy I

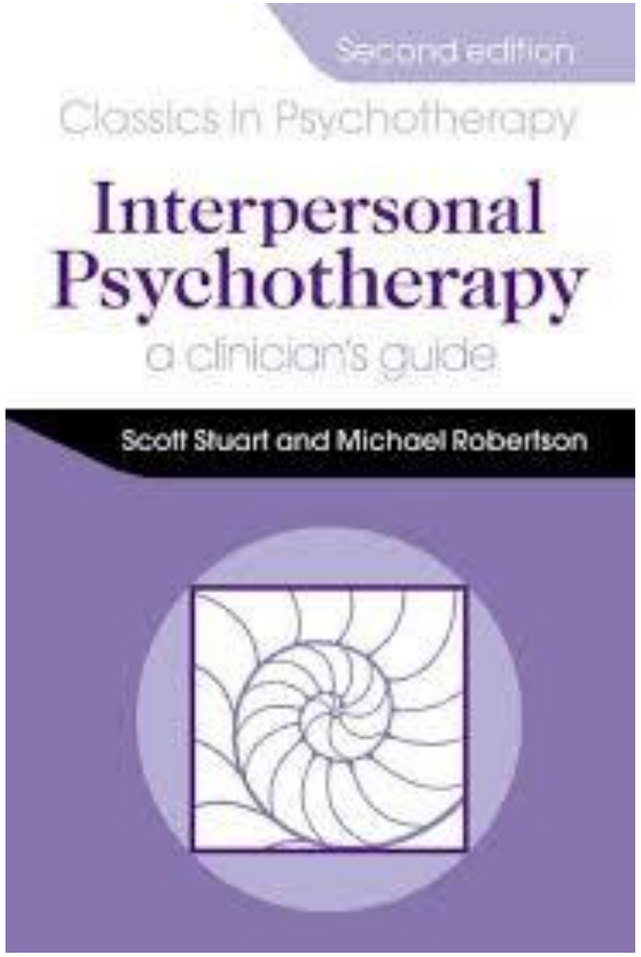
- **Gerald Klerman & Myrna Weissman**

- IPT Features
  - Empirically supported, theoretically grounded
  - Clinically resonant, pragmatic, effective
  - **8-16 sessions, 3 phases**

- Indications
  - Depression, post-partum depression
  - Bipolar disorder
  - Binge-eating disorder

1st line for acute MDD
2nd line for maintenance MDD
1st line for peripartum MDD
3rd line (IPSRT) for bipolar depression and maintenance

APA ED guidelines:
AN - IPT level 2 evidence
BN - IPT if no response to CBT
BED - consider IPT



Interpersonal Therapy II

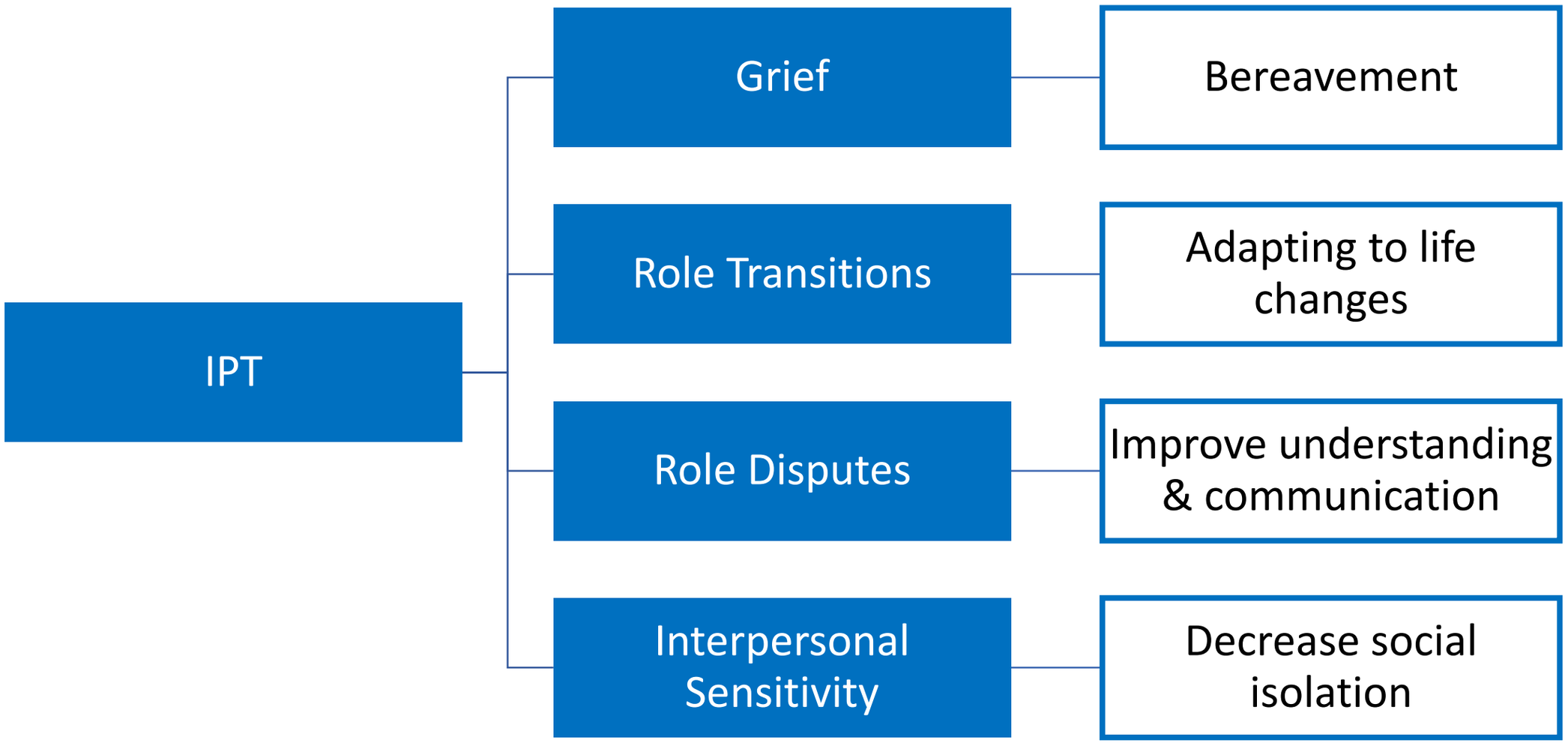
- Goals
  - Alleviate suffering
  - Remit symptoms, improve functioning
  - Resolve current interpersonal problems
  - Improve communication & relationships

- **"Depressogenic Cycle"**
  - Unwittingly evoke distance from others
  - Can be disempowering, perpetuating isolation & despair

IPT Structure

- Initial (1-3 sessions)
  - Form alliance, assess, psychoeducation
  - **“Sick role” + interpersonal inventory**
  - Choose focus
- Middle (2-12 sessions)
  - Focus specific, **communication analysis**
- Ending (1-2 sessions)
  - Review changes & gains
  - **Contingency plan**
  - Good goodbye

IPT Structure



IPT Strategies for specific areas

Problem Area	Strategies	Goal
Grief and loss	• Explore relationship with deceased • Explore negative and positive feelings	• Help patient through mourning process • Re-establish interest in new relationships
Role transitions	• Examine **positive and negative** aspects of old and new roles • Explore feelings about what is lost • Explore social support system and develop new skills	• Deal with loss of old role • Affirm aspects of new role • Develop self-esteem and mastery
Interpersonal disputes	• Appraise relationship expectations • Encourage expression of affect • Communication analysis, role playing • Problem solving (decision analysis)	• Move toward resolution or dissolution • Improve communication
Interpersonal sensitivity	• Discuss negative and positive feelings regarding the therapist • Examine parallel interpersonal relations in patient's life	• Enhance quality of interpersonal relationships • Encourage formation of new relationships

Cognitive Behavioral Therapy

Behavioral Therapy

Cognitive Therapy

Behavioral Therapy

- Based on Learning Theory

- **Classical Conditioning**
  - Pavlov, Watson, Wolpe

A previously neutral stimulus is paired with a biologically or psychologically potent stimulus - aka respondent conditioning

- **Operant Conditioning**
  - Skinner

A behaviour is linked with a psychologically significant event – aka instrumental conditioning

- **Social Learning Theory**
  - Bandura

Extinction - can occur through both classical and operant conditioning
• Classical conditioning: If the conditioned stimulus (bell) is presented repeatedly without the unconditioned stimulus (food), the conditioned response decreases (controlled by the antecedent stimulus)
• Operant conditioning: The reinforcement of the behaviour is eliminated, e.g. pushing the lever no longer results in food pellets (controlled by the consequence)

Before Conditioning

Unconditioned stimulus

Unconditioned response

Neutral stimulus

No response

During Conditioning

+

Unconditioned response

After Conditioning

Conditioned stimulus

Conditioned response

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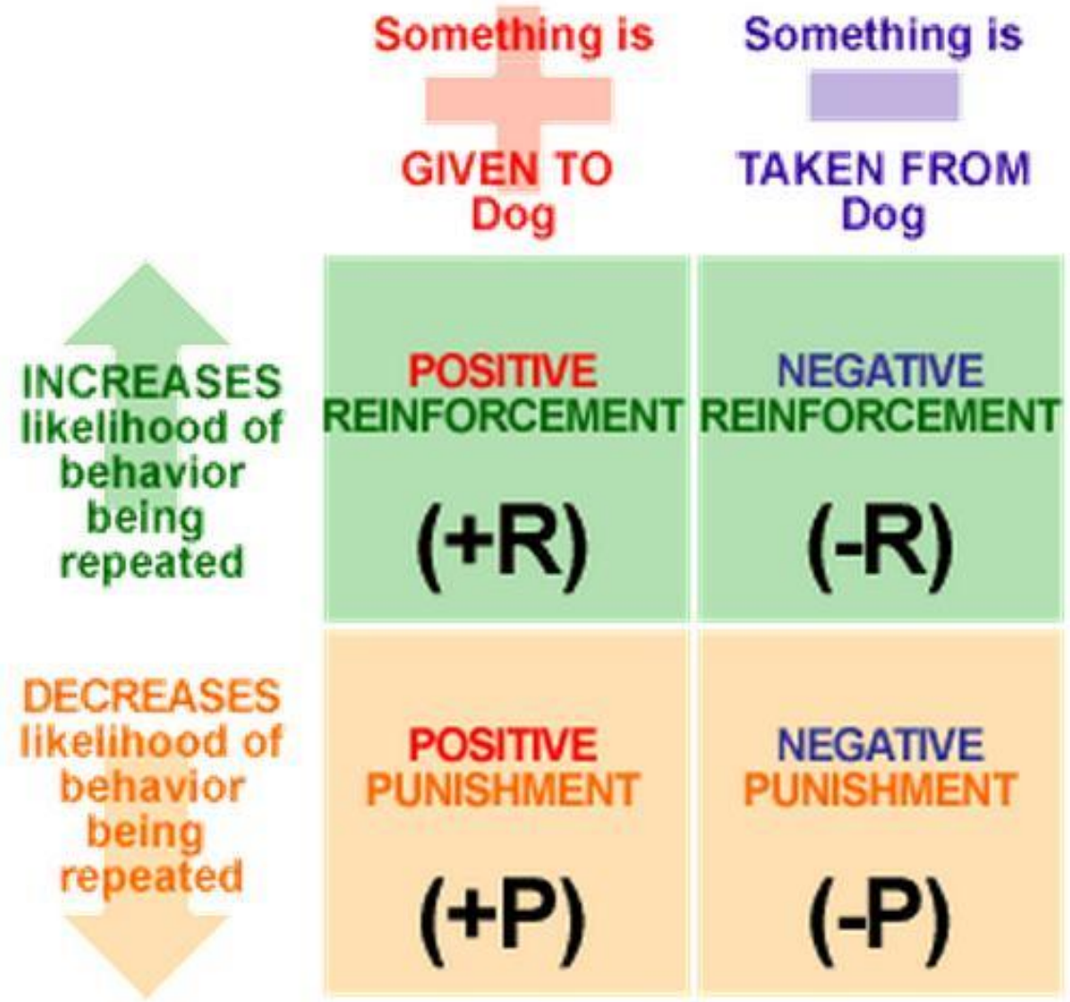
Operant Conditioning

Specific consequences are associated with a voluntary behavior

Rewards introduced to increase a behavior

Punishment introduced to decrease a behavior

Operant Conditioning



Add something unpleasant

Remove something desireable

Observational Learning

Behavior is learned through watching and replicating others

The 3 Major Types of Behavioral Learning

Classical Conditioning

A neutral stimulus is associated with a natural response

Operant Conditioning

A response is increased or decreased due to reinforcement or punishment

Observational Learning

Learning occurs through observation and imitation of others

verywell

Principles of Behavior Therapy

- Maladaptive behaviors
  - **Required** through principles of learning
  - **Causes or motives are not necessary**
  - Can be modified by applying learning principles

- Focus of therapy
  - On **maintenance factors**, rather than historical
  - **Behavioral assessment** (self-monitoring)
  - Setting specific & measurable treatment goals
  - Measuring outcomes

Behavioral Interventions I

Based on Classical Conditioning	
Systematic Desensitization	• For **phobias** Three stages: relaxation training, hierarchy construction, desensitisation • **Reciprocal inhibition**: imagined anxiety situations paired with relaxation (counter-conditioning)
Flooding	• For **phobias** • Most feared situation, controlled setting, relaxation PRN • **Extinction:** decreasing fear & maladaptive anxiety
Interoceptive Exposure	• For **panic disorder** • Exposure to bodily sensations • **Extinction:** reduce fear response with repeated prolonged contact with feared stimulus in the absence of panic attack • **Habituation:** intensity of fear response decreases with repeated presentation of physiological sensations

Behavioral Interventions II

Based on Classical Conditioning	
Therapeutic Exposures	• For **anxiety disorders** • Planned, prolonged, repeated • **Fear hierarchies** with SUDS → graduated exposures • Imagined vs in vivo exposures • Principles of extinction & habituation
Exposure & Response Prevention	• For **OCD** • Similar to Therapeutic Exposures • **Response prevention:** for exposures to produce extinction, avoidance/safety behaviors need to be prevented

Behavioral Interventions III

Based on Operant Conditioning	
Behavioral Modification i.e. biofeedback behavioural activation	• Reinforcement & punishment to **acquire new behaviors** • Continuous or intermittent schedules of reinforcement • **Shaping:** reinforcing successive approximations to goal • **Chaining:** teaching sequence of behaviors until goal
Contingency Management	• **Token economy programs** • Rewards or punishments according contracted rules • Spells out series of behaviors to be expected with contingencies
Aversion-based Approaches	• **Punishment paired** with response to be extinguished • For efficacy → high intensity, immediate, continuous (initially) • Last resort (may require ethical/legal review)

Behavioral Interventions IV

- Other interventions classified as "Behavioral"
  - **Behavioral Activation (BA)**
  - **Problem-Solving Therapy**
  - **Social Skills Training**
  - **Relaxation Training**

Behavioural Model of Depression: Depression is a state of extinction from positive reinforcement.
- Lack of reinforcement decreases frequency of potentially positive behaviours —> vicious cycle of deconditioning
- Withdrawal and avoidance help short-term but contribute to perpetuating low mood, low self-esteem

Goal in BA: Increase positive reinforcement
- Dispel myth that changes in mood need to occur before changes in behaviour
- Monitor daily activities, set goals, assessment of pleasure and mastery, graded task assignments
- May include sleep hygiene, regular exercise, nutrition

  - Pleasurable Events Scheduling
  - Graded Task Assignment
  - Assertiveness Training
  - Communication Skills Training
  - Habit Reversal (for trichotillomania and tics)

Relaxation Training

- Breathing re-training
- Progressive muscle relaxation (PMR)
- Guided imagery relaxation
- Autogenic relaxation
- Biofeedback

Cognitive Behavioral Therapy

Cognitive Behavioral Therapy

- **Time-limited**
- **Collaborative empiricism**
  - Systemic process of therapist and patient working together to establish common goals in treatment
- **Focus on specific problems + goals**
- **Structured, with agenda setting**
  - Automatic thought records, behavioral activation, graded exposure
- **Homework**

CBT based on 3 propositions (Beck & Dorzios)

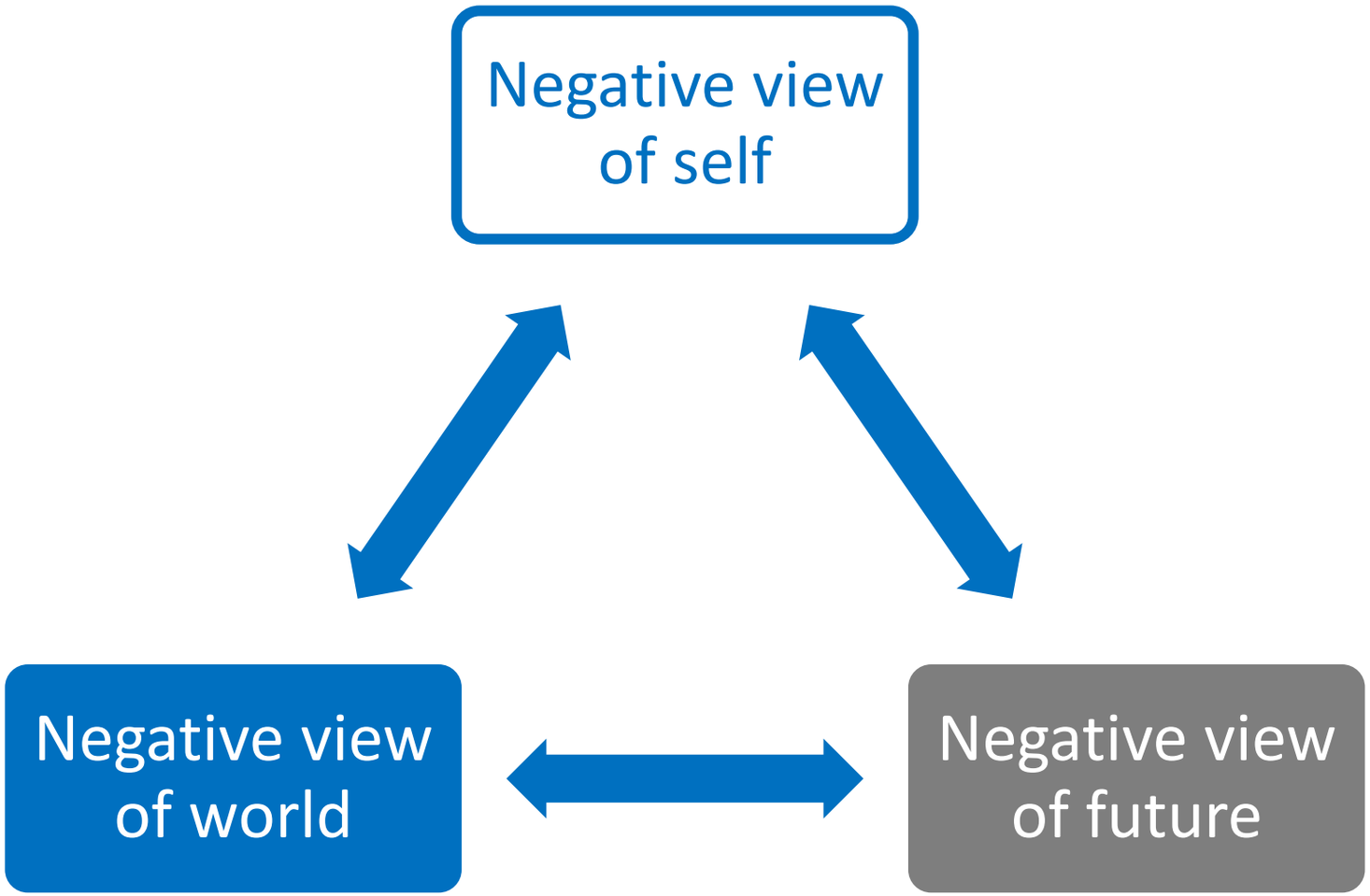
- **Access Hypothesis**
  - With appropriate training + motivation + attention,
    - One can become aware of the content & process of their thinking
- **Mediation Hypothesis**
  - Manner in which one thinks about, interprets & construes events,
    - Influences emotional & behavioral responses
- **Change Hypothesis**
  - By intentionally modifying cognitive + behavioral responses to situations
    - One can become more functional & adaptive

Cognitive Theory

- **Aaron Beck** (1921 – present)
  - American, Yale Medical School
  - Daughter is Judith Beck

- Contributions
  - Cognitive Theory
  - Beck Depression Inventory

Beck's Cognitive Triad



The Negative Cognitive Triad

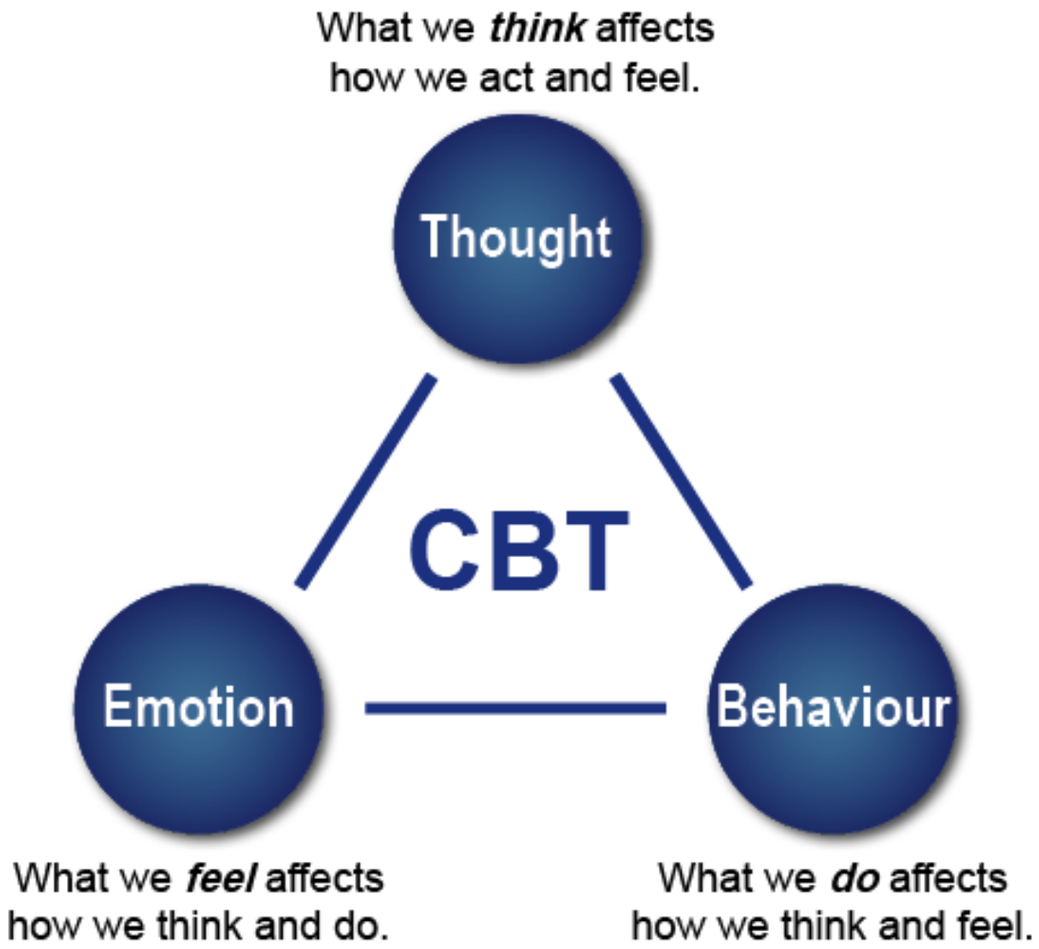
- Certain **characteristic cognitive biases** associated with specific psychiatric conditions

- <u>E.g. Depression</u>
  - Negative view of self → "I am worthless"
  - Negative view of world → "the world is unfair"
  - Negative view of future → "my future is hopeless"

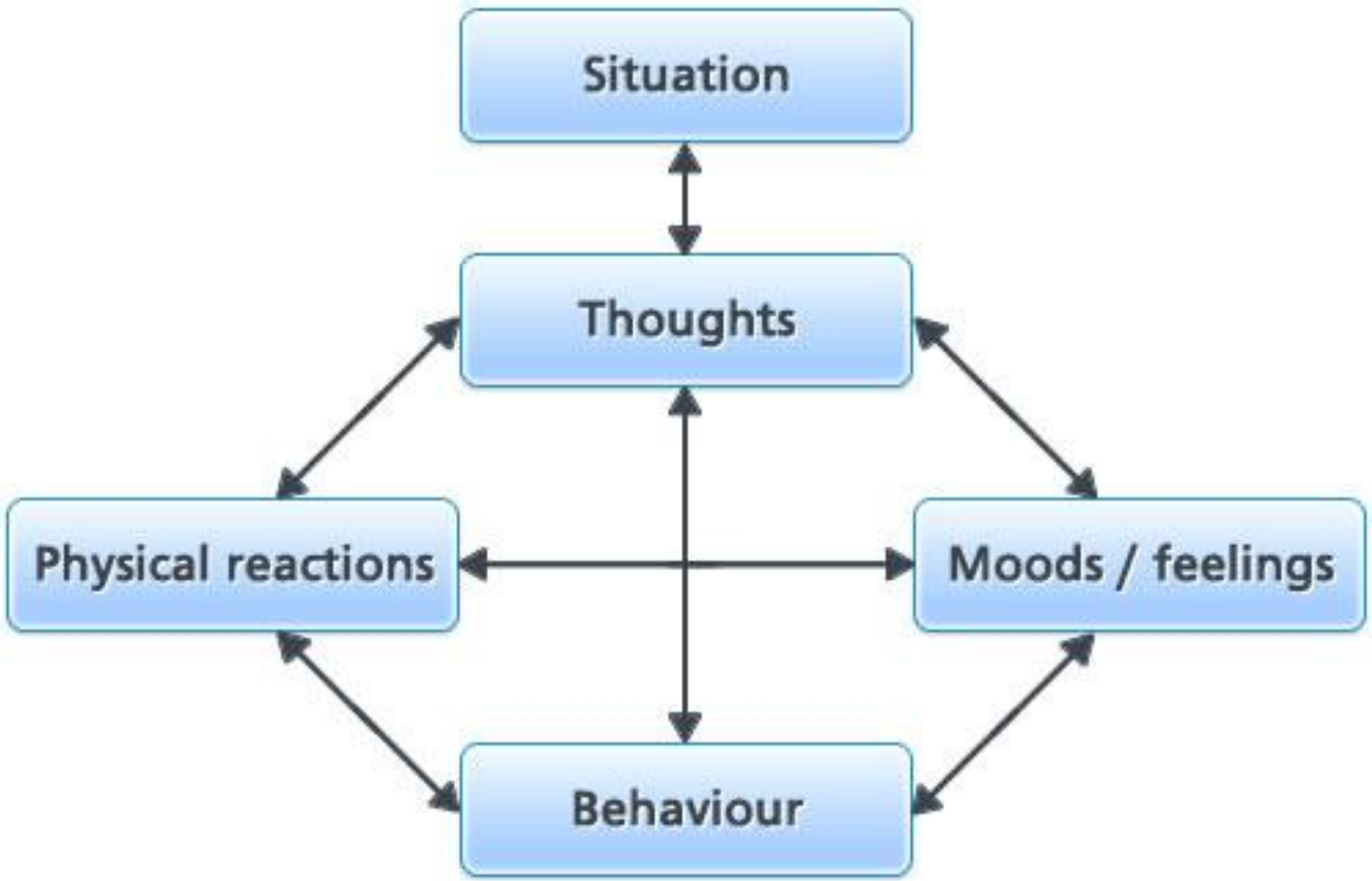
Cognitive Profiles of Psychiatric Disorders

Disorder	Idiosyncratic Cognitive Content
Depressive	• Negative view of self, experience, future
Hypomania	• Inflated view of self, future
Suicidality	• Hopelessness, deficiencies in problem solving
Anxiety	• Sense of physical or psychological danger
Phobias	• Fear of danger in specific, avoidable situations
Panic Disorder	• Catastrophic interpretation of bodily/mental experiences
Paranoia	• Attribution of bias towards others
Conversion	• Concept of motor or sensory abnormality
OCD	• Repeated warning about doubt & safety, acts to ward off
Anorexia Nervosa	• Fear of being fat
IAD/SSD	• Attribution of serious medical disorder

The CBT Model



The Updated CBT Model



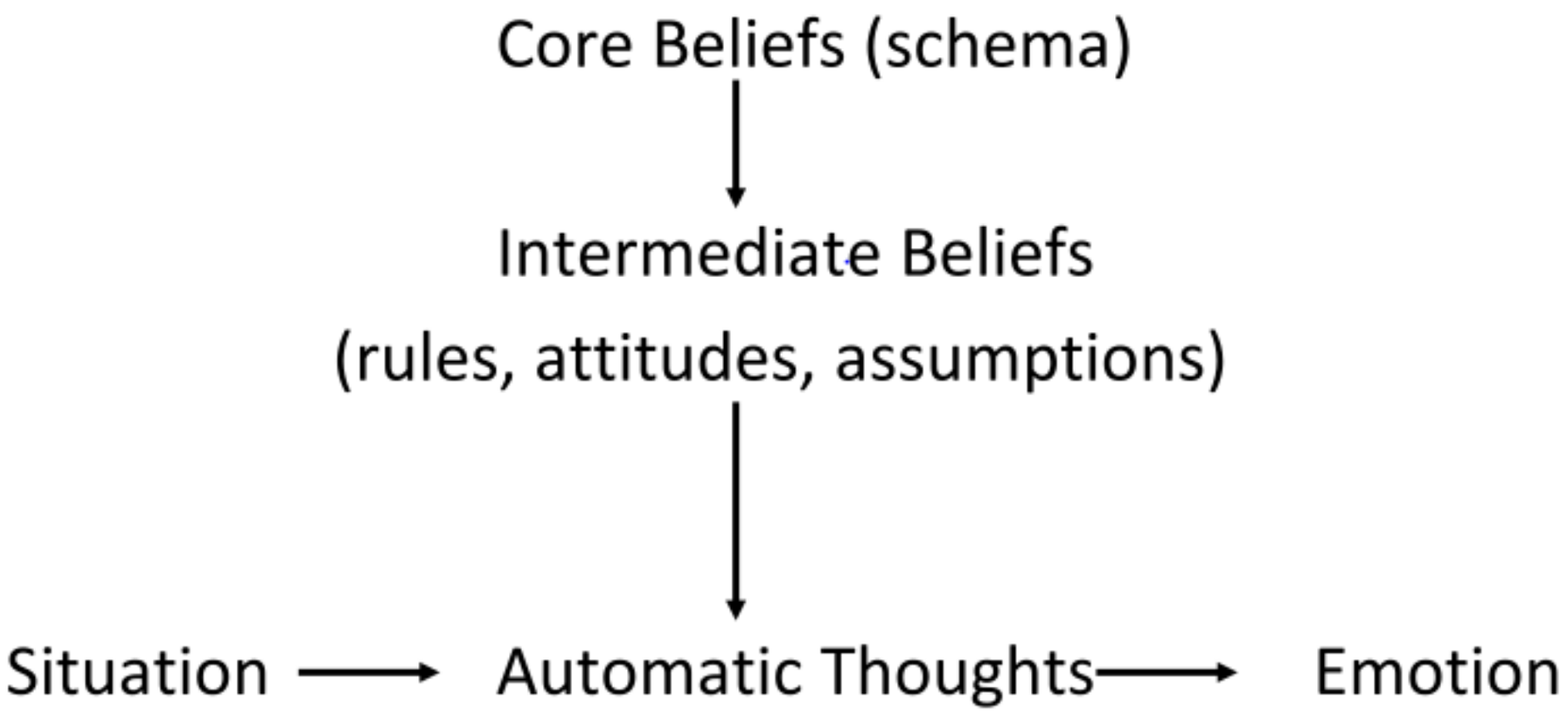
10 Principles of CBT (Beck)

1. Based on evolving **formulation** of patient & problem in cognitive terms	6. **Educative**
2. Requires a sound **therapeutic alliance**	7. Aims to be **time-limited**
3. Emphasizes **collaboration & active participation**	8. Therapy sessions are **structured**
4. **Goal oriented** & problem-focused	9. Teaches patient to identify, evaluate & respond to **dysfunctional thoughts**
5. Initially emphasized **the present**	10. Uses **variety of techniques** to change thinking, mood & behavior

CBT Fundamentals

- CBT Case Formulation
- Structure of a CBT Session
- Behavioral Activation
- Thought Records
- Other Key Cognitive & Behavioral Interventions

CBT Cognitive Formulation



Core Beliefs (Schema)

"Schemas are deep cognitive structures that enable an individual to interpret his or her experiences in a meaningful way"

- Beck, 1976

- Central ideas about self, others, world
- Characteristic, recurrent themes in thought
- Upon activation → influence perception of experiences
- Develop early in life
- Global, rigid, overgeneralized, absolute
- **Least amenable to change**

Categories of Core Beliefs

- **Helpless**
- **Unlovable**
- **Worthless**

Intermediate Beliefs

- Represented as attitudes, rules, assumptions
  - Often unarticulated
  - Influence **interpretations of situations**
  - Influence thinking, feeling, behavior
  - Can come inform of “if…then…”statements

- **More amenable to change**

Automatic Thoughts

- Automatic negative + dysfunctional thoughts, **cognitive distortions**
  - Usually brief, may be in verbal or visual forms
  - Patients typically more aware of **affective state**

- Typically the initial target in cognitive therapy
  - Most amenable to change using **Automatic Thoughts Records**
  - Identifying, evaluating, responding more adaptively
    - Usually results in positive shift in affect (mood shift)

List of Cognitive Distortions (Burns)

All or nothing thinking	"If I'm not a total success, I'm a total failure"
Catastrophizing	"I'll be so upset, I won't be able to function at all"
Disqualifying the positive	"It wasn't really that good", "Anyone could have done it"
Emotional reasoning	"I know I do a lot of things okay at work, but I still feel like a failure"
Labelling	"I am a loser"
Magnifying/minimizing	"Getting high marks doesn't mean I'm smart"
Selective abstraction	Receive many positive comments, but just focus on one criticism
Mindreading	"They are probably thinking I don't know anything about psychiatry"
Overgeneralization	"Because I felt anxious at the lecture, I will never get invited back"
Personalization	"The examiner was cold to me because I did something wrong"
"Shoulds" & "Musts"	"It's terrible that I made a mistake. I *should* always do my best"
Tunnel vision	"The teacher can't do anything right…critical, insensitive, incompetent"

List of Cognitive Distortions (Gabbard)

Arbitrary inference	• Drawing a specific conclusion in the absence of evidence or when the evidence is contrary to the conclusion
Selective abstraction	• Focusing on a detail out of context while ignoring other, more salient features in the situation
Overgeneralization	• Drawing a conclusion on the basis of one or more isolated incidents
Dichotomous thinking	• The tendency to classify experience in one of two extreme categories, ignoring more moderate variations
Personalization	• The tendency to relate external events to oneself
Magnification/ minimization	• Exaggerating (i.e., catastrophizing) or belittling the significance or magnitude of an event

Structure of CBT

Initial Phase	• Initial assessment • Assess suitability for CBT • Introduce CBT model • Psychoeducation
Middle Phase	• Check-in • Review homework • Behavioral + cognitive strategies
Termination Phase	• Summary of skills learned • Relapse prevention plan

A CBT Session

1) Brief update & **mood check**
2) **Bridge** from previous session
3) Setting the **agenda** (collaborative, treatment goals, realistic)
4) **Review** of homework
5) **CBT intervention** (problem-solving approach, manage time)
6) Give periodic **summaries** (strengthens collaboration, retention)
7) Assign **homework** (SMART goals)
8) Solicit **feedback**

SMART Goals


SPECIFIC
MEASURABLE
ACHIEVABLE
REALISTIC
TIMELY
SMART GOAL SETTING

CBT Interventions I

- Behavioral Activation (BA)
  - Target behaviors that maintain depression
    - **Avoidance, inactivity, lack of pleasure**

  - Increase pleasurable, valued, meaningful activities
  - Increase opportunities to derive pleasure, achievement, mastery
  - Completing planned activities
  - Aim for balance of both **pleasurable & master activities**

CBT Interventions II

Cognitive Strategies	Behavioral Strategies
• Identifying cognitive distortions • Automatic thought records • Problem-solving • Cost-benefit analysis • Generating rational alternatives	• Graded tasks assignment • Coping cards • Behavioral experiments • Behavioral rehearsal • Role play • Relapse prevention

Automatic Thought Record

Situation	Emotion Then	Automatic Thought	Evidence For	Evidence Against	Positive Alternative	Emotion Now

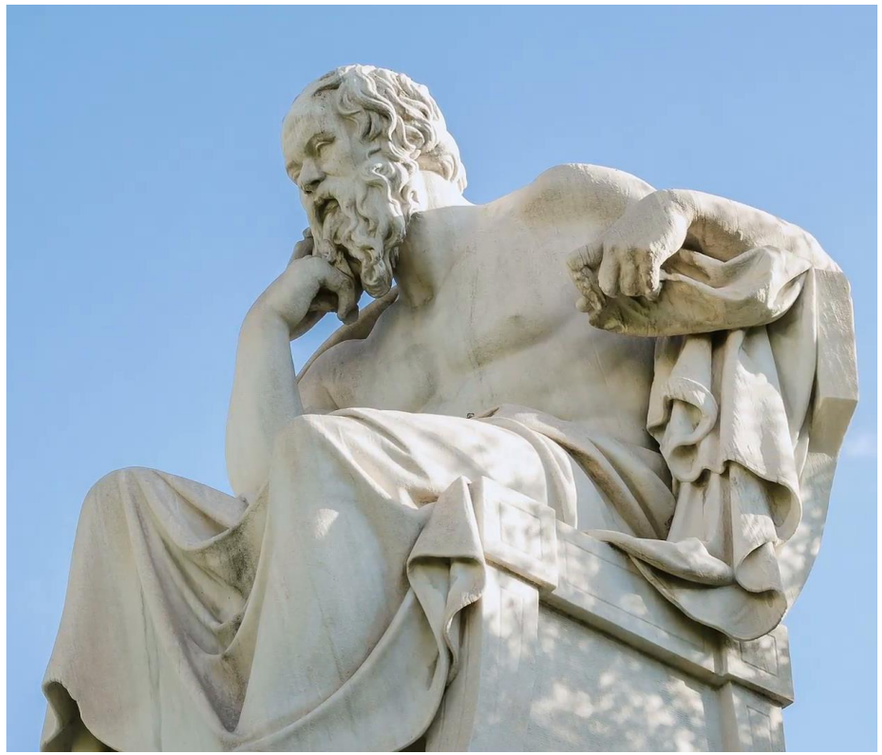
Goals of Cognitive Techniques

- Challenge negative evaluations of self or situations
  - Review problematic situations in detail
    - Come up with adaptive solutions
  - Recognize internal dialogue
    - Identify common negative thoughts + cognitive thoughts

- **Cognitive Restructuring**
  - Utilize **Socratic questioning** & behavioral experiments
  - Develop alternative, more productive thoughts & perspectives

The Socratic Style

- Be naïve
- Assume nothing
- Stay non-judgemental
- Resist giving advice
- Be curious
- Remain focused
- Allow true or **guided discovery**



Generating Rational Alternatives

- Open your mind to possibilities
- Examine all evidence
- Think like your old self
- Brainstorming
- Learn from others

Group CBT

- Efficient
- Cost-effective
- Evidence-based efficacy + effectiveness

- May be preferred for certain clinical problems
  - **Social anxiety, chronic pain**

Third Wave Cognitive/Behavioral Therapies

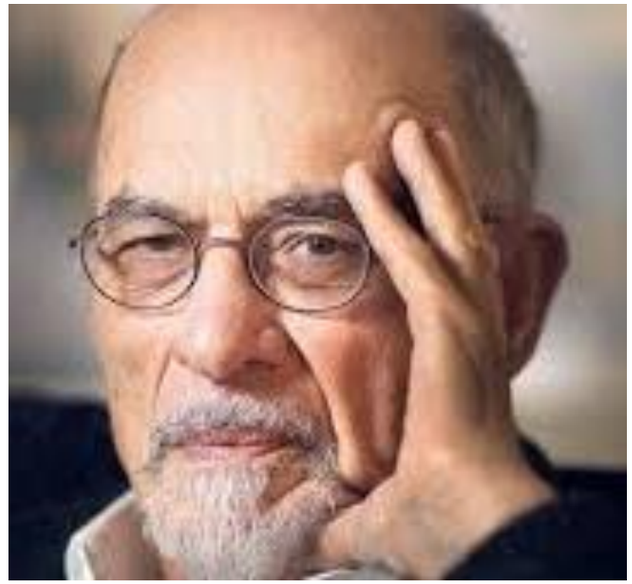
1st wave	• **Behavioral therapy**
2nd wave	• **CBT**
3rd wave	• **DBT** (Linehan) • **MBSR** (Kabat-Zinn) • **MBCT** (Segal, Williams, Teasdale) • **ACT** (Hayes, Forsyth, Eifert)

Group Therapy

Group Psychotherapy

- **Irvin Yalom** (1931 – present)
  - American
  - Boston University School of Medicine

- Contributions
  - Existential psychotherapy
  - Yalom's Therapeutic Factors



Therapeutic Factors of Group Therapy

1) Universality
2) Altruism
3) Instillation of hope
4) Imparting information
5) Corrective recapitulation of primary family group
6) Developing socializing techniques
7) Imitative behavior
8) Interpersonal learning
9) Existential factors
10) Catharsis
11) Group cohesiveness

Dialectical Behavior Therapy

Dialectical Behavior Therapy

- **Marsha Linehan** (1943 – present)
  - American psychologist
  - Has Borderline PD

- Contributions
  - Developed DBT

Wikipedia

“Dialectical”

- Integration of opposites

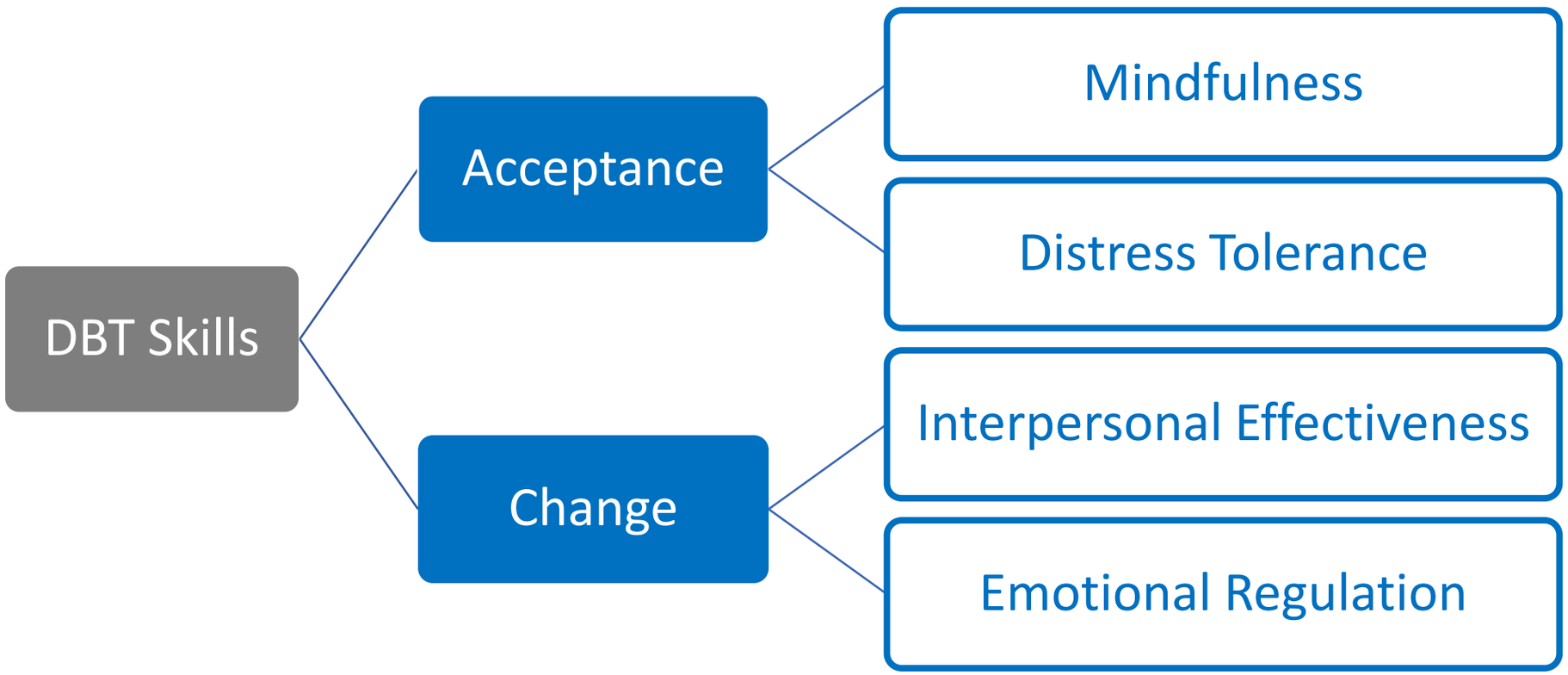
- Primary dialectic of DBT
  - **Acceptance** of clients as they are
  - **Change** in order to reach their goals

Wikipedia

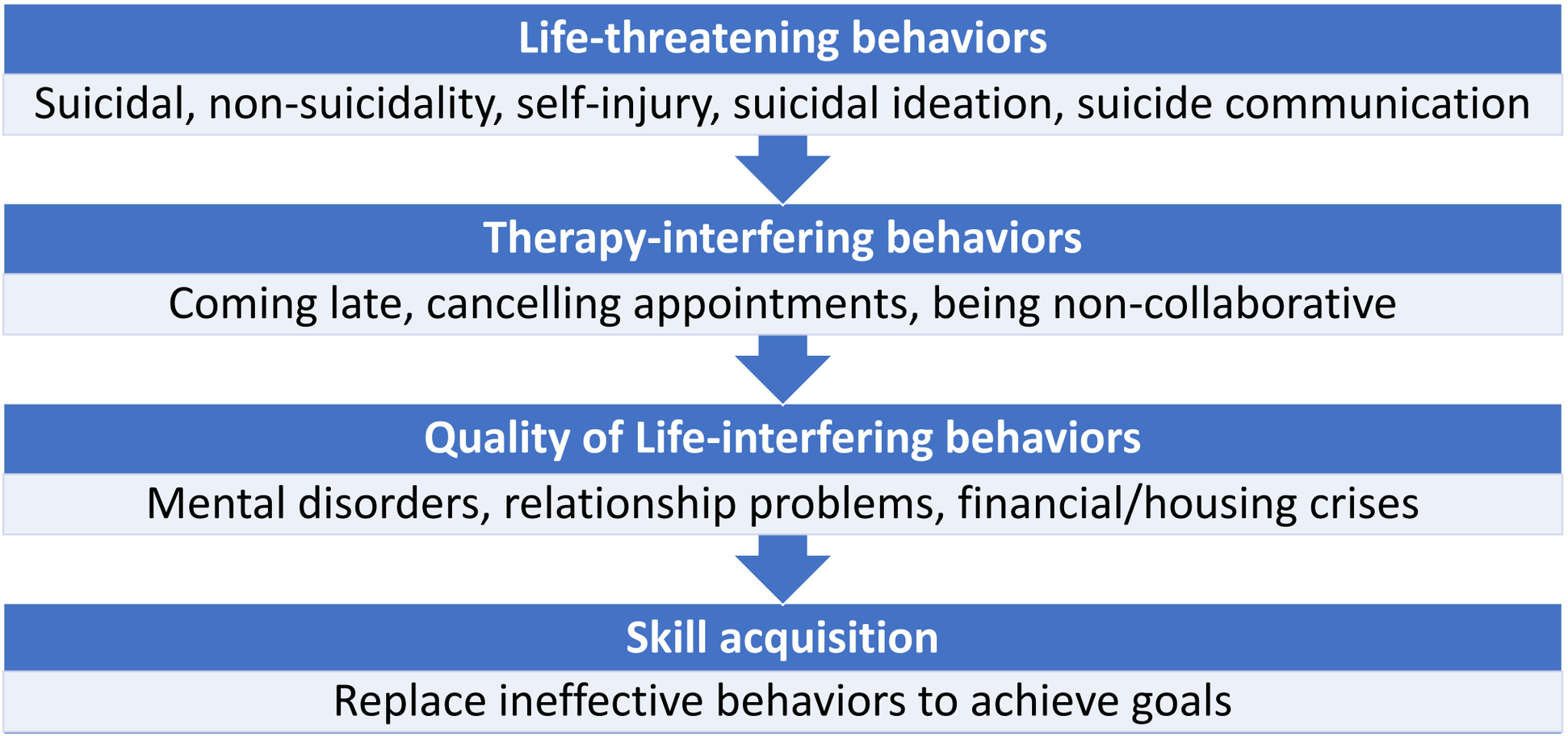
Components of DBT

- **Skills training group**
  - Teaching behavioral skills, homework, run like a class with group leader
- **Individual DBT therapy**
  - Enhancing motivation, applying skills, weekly, concurrent with skills group
- **Phone coaching**
  - In-the-moment coaching, can call therapist between sessions
- **Therapist consultation team**
  - Therapy for therapists to maintenance motivation & competence

DBT Skills Group Content



Prioritizing Treatment Targets in DBT



Stages of Treatment in DBT

- Stage 1 – **Achieving behavioral control**
- Stage 2 – **Full emotional experiencing**
- Stage 3 – **Life of ordinary happiness**
- Stage 4 – **Ongoing capacity for experiences of joy & freedom**

Levels of Validation

1	**Listening & observing**	• Communicating interest in their emotions, thoughts, actions
2	**Accurate reflection**	• Conveying accurate understanding of how the client experiences emotions, thoughts actions
3	**Articulating the unverbalized**	• Communicates directly to the client his/her understanding of aspects of the clients behavior
4	**Validating in terms of past events**	• Communicating to the client that their current difficulties and reactions can be understood as causally related to their past learning history or biological predisposition
5	**Validating in terms of current circumstances**	• Acknowledging that current behaviors and responses are normative and/or functional in the client's current circumstances
6	**Radical genuineness**	• Respond and validate the inherent capacity of the client to improve and overcome difficulties, while at the same time retaining an empathic understanding of the level of difficulties

Mindfulness

Mindfulness I

- Paying attention **on purpose**, in the **present moment**, **non-judgementally** to things as they are

- Little emphasis on changing or altering thought content

- Learn that attempting to resist or avoid unwanted thoughts may actually intensify distress & perpetuate depression

Mindfulness II

- **Homework is essential** (practice)

- Formal & informal meditation practices
  - Guided body scans, sitting & walking meditations, mindful movement
  - 3-minute breathing spaces, focused awareness on routine activities

- Early → more guided meditations, attention to breathing, body
- Later → develop independent practice, awareness to mental events

Mindfulness Skills

- **Defusion**
  - Distancing oneself from, letting go of unhelpful thoughts, beliefs, memories
- **Acceptance**
  - Acceptance thoughts & feelings without judgement
- **Contact in the present moment**
  - Engaging full in the here & now
  - With an attitude of openness & curiosity

Types of Mindfulness-Based Therapies

- **Mindfulness-Based Stress Reduction (MBSR)**
  - Mindfulness + meditative exercise
  - Manual-based, homework, time-limited

- **Mindfulness-Based Cognitive Therapy (MBCT)**
  - MBSR + focus on facing vs avoiding difficult sensations
  - Does not focus on changing thoughts

- **Mindfulness-Based Relapse Prevention (MBRP)**
  - Mindfulness/meditation + CBT RP
  - SOBER space exercise: Stop, Observe, Breathe, Expand, Respond

MBCT vs CBT

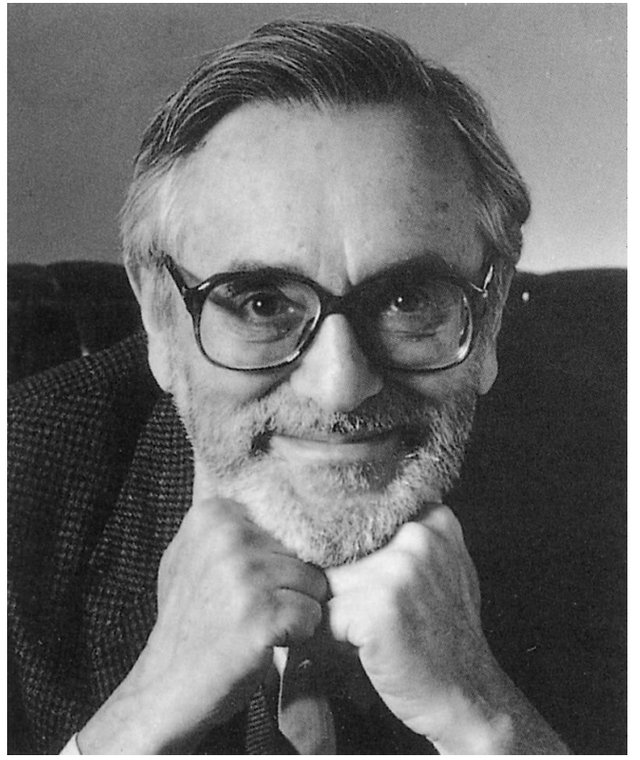
MBCT	CBT
• Thought **process focused**	• Thought content focused
• Promotes **new way of being** with painful affect & challenging circumstances	• Promotes new way of looking at painful affect & challenging circumstance
• Distinguishing **thoughts as just thoughts** (vs statements of fact)	• Distinguishing dysfunctional & negative thoughts from healthy thoughts
• Noticing & allowing thoughts + feelings **without fixing, changing or avoiding**	• Testing & challenging dysfunctional beliefs and inventing new interpretations
• Behavioral interventions focused on developing **present moment awareness**	• Behavioral interventions focused on reinforcing more adaptive responses
• **Therapist embodies approach**	• Therapist instructs and coaches

Structural Family Therapy

Structural Family Therapy

- **Salvador Minuchin** (1921 – 2017)
  - Argentinian psychiatrist
  - Trained with Nathan Ackerman

- Contributions
  - Structural Family Therapy



Goals of Structural Family Therapy

- Creating an **effective hierarchical structure** in the family
- Helping parents to become **effective parent subsystem**
- Aiding children to become a **subsystem of peers**
- Increasing **frequency of interactions & nurturance** (if disengaged)
- **Differentiation of family members** (if enmeshed)

Structural Family Therapy Assumptions

- **Families possess the skills to solve their own problems**
  - But often do not utilize them
  - May require therapist to help

- **Families generally act with good intentions**
  - Problems with carrying out good intentions
  - No blame to be laid, no accusations to be made

4 Main Developmental Stages of Families

- 1) Couple formation
- 2) Families with young children
- 3) Families with school-age or adolescent children
- 4) Families with grown children

Key Concepts of Structural Family Therapy

- Structure = how family organizes itself
- Subsystems = smaller units of the system
- Boundaries = rules of who participates, how much → should be clear, not rigid
- Enmeshment = diffuse boundaries
- Disengagement = overly rigid boundaries
- Power = level of influence each member has on outcome of an activity
- Alignment = relation of members to each other relative to other members
- Coalition = alignment of two members that excludes a third

Structural Family Therapy Techniques

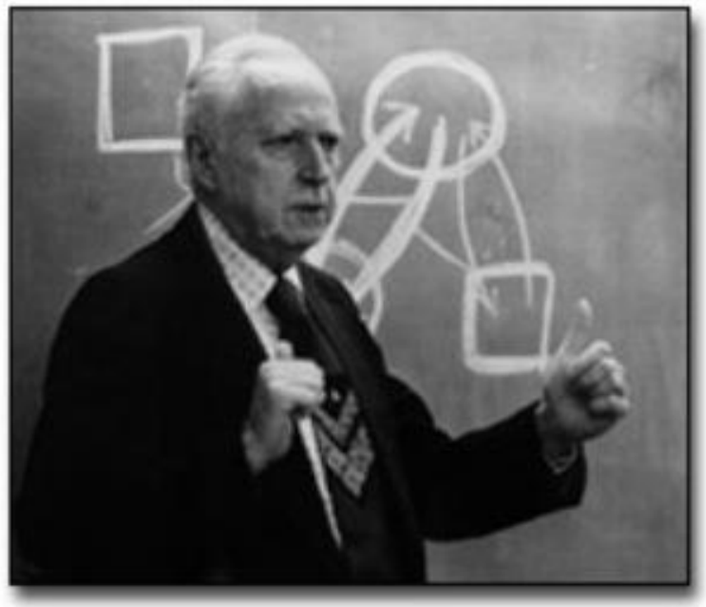
- **Joining**
  - Empathic relationship with the family in order to modify current functioning
- **Enactment**
  - Therapist constructs interpersonal scenario in session where dysfunctional transactions among family members are played out
- **Boundary making**
  - Maintaining clear boundaries around subsystems (healthy)
- **Reframing**
  - Examining a situation from a new perspective, so that the meaning is changed
- **Restructuring**
  - Changing the structure of the family

Bowen Family Therapy

Bowen Family Therapy

- **Murray Bowen** (1913 – 1990)
  - American psychiatrist
  - University of Tennessee Medical School

- Contributions
  - Bowen Family Theory
  - Systemic therapy



Bowen Family Therapy

- Main goal
  - Facilitating awareness of how the emotional system functions
  - **Increase levels of differentiation**, focus making changes for self

- Defuse anxiety by focusing on patterns that develop in families
  - Perception of either **TOO much closeness** or **TOO much distance**
  - Determined by current levels of external stress, sensitivities to themes
  - **Transmitted down the generations**

- **Genogram**

Interlocking Concepts in Bowen Family Therapy

- **Emotional fusion, differentiation of self**
  - Sense of intense responsibility for another's
- **Triangles**
  - When inevitable anxiety in a dyad → relieved by involving vulnerable 3rd party
  - 3rd part either takes sides or provides a detour for anxiety
  - Avoidance of resolution of original anxiety
  - Triangles tends to repeat across generations
- **Nuclear family emotional system**
  - Couples conflict, symptoms in a spouse, projection on to children

Interlocking Concepts in Bowen Family Therapy

- **Family projection process**
  - Children with the least emotional separation from parents MOST vulnerable
- **Emotional cut-off**
  - Management of intensity of fusion between generations
- **Multi-generational transmission process**
  - Themes or positions in a triangle are passed down
- **Sibling positions**
  - Understanding roles individuals tend to take in relationships

Motivational Interviewing

Motivational Interviewing

- **William Miller & Stephen Rollnick**
  - American clinical psychologists

- "Directive, client-centered counseling style for eliciting behavior change by helping clients to **explore and resolve ambivalence**"

Components of Motivational Interviewing

MI Principles	MI Spirit	MI Process	MI Communication
DEARS • Discrepancy • Empathy • Ambivalence • Roll with resistance • Self-efficacy	**PACE** • Partnership • Acceptance • Compassion • Evocation	**EFEP** • Engagement • Focusing • Evoking • Planning	**OARS** • Open-ended questions • Affirmations • Reflections • Summarizing

Other Aspects of Motivational Interviewing

- Change talk
  - Preparatory statements → Desire, Ability, Reason, Need (DARN)
  - Mobilizing statements → Commitment, Activation, Taking steps (CAT)
- Sustain talk

- Agenda mapping
- Resistance ruler

- Righting reflex
- Discord