

Overview of Psychotherapy

What do you need to know for the
RC exam?



Jean Piaget



Sensorimotor

Birth to 2 years

Infants learning through sensory observation, gaining control of motor functions

Achieve object permanence (9 mo – 1 yr)

At 18 months – develop mental symbols and use words (symbolization)

6 stages – reflexes, circular reactions



Pre-operational Thought

Age 2-7

Using symbols and language more extensively

Learning without reasoning, not using logic or deduction

Two word phrases

Not yet able to deal with moral dilemmas

Egocentric – they are center of universe

Phenomenalistic causality – ie. Bad thoughts cause accidents

Animistic thinking – endowing physical objects and events with feelings and intentions

Semiotic Function – children use a symbol or sign to stand for something else



Concrete Operations

Age 7 to 11

Operational thought – dealing with wide array of info outside of child, see other perspectives

Syllogistic reasoning – logical conclusion formed from two premises (ie. All horses are mammals, all mammals are warm blooded, thus all horses are warm blooded)

Moral sense and code of values

Conservation – roll clay into different shapes, still same amt of clay

Reversibility – things can turn into other things and back again (ie. Ice to water to ice)



Formal Operations

Age 11 to end of adolescence

Highly logical, systemic, symbolic manner

Ability to think abstractly, reason deductively, define concepts

Hypothetico-deductive Thinking – make a hypothesis and test it

Why is Piaget Important?

- Child in sensorimotor stage may not have achieved object permanence – will have separation anxiety and moms should be able to stay overnight
- Preoperational stage – no abstraction – may benefit from role playing, ie. Show IV on a doll
- Adults may regress to former stage under stress
- Plays a role in cognitive therapy – emphasizing evidence and reasoning
- Equilibration – disturb old cognitive structure, create new structures to assimilate new perspective
- Thinking about thinking – requires formal operational thinking

Erik Erikson – Epigenetic Theory of Development



Trust vs. Mistrust

Infants to 18 mo

If needs are dependably met, achieve basic trust



Autonomy vs. Shame/Doubt

Toddlers

Learn to do things on their own or they get doubt



Initiative vs. Guilt

Preschoolers

Initiate tasks and carry plans or develop guilt about independence



Industry vs. Inferiority

School age

Pleasure when applying selves to task or feel inferior



Identity vs. Role Confusion

Adolescents

Sense of identity



Intimacy vs. Isolation

Youth to mid adult

Forming relationships or becoming isolated



Generativity vs. Stagnation

Middle aged

Contribute to the world or stagnate



Integrity vs. Despair

Over 60

Looking back on one's life

Attachment Theory

- Work of John Bowlby
- Mother-child attachment is an essential medium of human interaction that has important consequences for later development and personality functioning
- Bonding – mother's feelings for her infant (skin to skin, voice and eye contact)
- Harry Harlow's monkeys - isolated monkeys from birth and kept them from forming attachments, ended up withdrawn, unable to relate to peers, unable to mate, and unable to care for offspring
- Pre-attachment stage – birth to 12 weeks – babies orient to mothers, follow them with their eyes, turn toward their voice
- Attachment in the making – 12 weeks to 6 mo – infants become attached to one or more persons in the environment
- Clear cut attachment – 6 mo to 24 mo – infants cry and show distress when separated from mother, reassured by mother's presence, can master strange situations when mom is near
- Fourth phase – 25 mo and beyond – mother is seen as independent and more complex relationship develops, able to tolerate separation, less stranger anxiety, object consistency (maintains psychosocial fxn in absence of mother)



Attachment Theory

- Mary Ainsworth – three types of insecure attachment
- Insecure – avoidant
 - Aggressive or brusque parenting
 - Avoids close contact with people and lingers near caregivers rather than approaching them directly when faced with a threat
 - As adult, uninvested in close relationships, but feel lonely; afraid of intimacy, tend to withdraw in stress or conflict
- Insecure – ambivalent
 - Exploratory play difficulty, even if no danger
 - Clings to inconsistent parent
 - As adult, obsessed with romantic partners, extreme jealousy, high divorce rate
- Insecure – disorganized
 - Parents who are emotionally absent with abuse in their childhoods
 - Behave bizarrely when threatened
- Possible precursor to personality disorder and dissociation
- Secure base effect – children can move away from attachment figures and explore the environment
- Transitional object (Winnicott) – inanimate object that serves as a secure base
- Winnicott – objective view of countertransference – you feel what others may feel around this person rather than your own past issues
- Strange situation research (Ainsworth) – expose infant to escalating amount of stress – unfamiliar room, unfamiliar adult, parent leaves
- 65% infants are securely attached by 24 mo
- Stranger anxiety – around 8-9 mo
- Separation anxiety - 10 to 18 mo, disappears by age 3-4

Attachment Theory

- As therapist/person in relationship with person
 - Secure attachment – flexible
 - Anxious/preoccupied – dialed up – you may feel the need to rescue, burned out
 - Dismissing – they don't expect you to be helpful, you dial down, ignore, become disinterested
 - Disorganized – they are unpredictable, you feel discombobulated

Freud in a Nutshell

- Instincts – behavior that is genetically derived and not learned → libido, ego, aggression, life and death
- Pleasure principle – inborn tendency to avoid pain and seek pleasure
- Reality principle – modifies pleasure principle and requires delayed gratification
- Structural theory of mind – Id, Ego, Superego
- Id – unorganized instinctual drives
- Ego – conscious, preconscious and unconscious; defense mechanisms, executive organ of the psyche
- Superego – establishes and maintains moral conscience with ideals and values internalized from parents
- Topographical – conscious, preconscious, unconscious

Dreamwork

- Interpretations of dreams
- Manifest content recalled by dreamer, latent content is unconscious thoughts and wishes
- Condensation – several unconscious wishes or impulses into a single image in dream (ie. monster represent father, mother, own hostility)
- Displacement – transfer of energy (cathexis) from one object to one that is more neutral (ie. Mother represented by unknown female figure)
- Repression – unconscious desires repressed by ego/superego

Stages of Psychosexual Development

- Oral Stage
 - up to 18 mo
 - Mouth during breastfeeding
 - Orally aggressive – chewing gum, pencils, etc.
 - Orally passive – smoking, eating, kissing, oral sex
 - Oral fixation – dependent, narcissistic
 - Id dominates, pleasure principle
 - Behaviors satisfy needs
 - Gratification of desire
 - Weaning
- Anal Stage
 - 1-3 years
 - Anus during toilet training
 - Parental demands
 - Anal retentive – obsessively organized, neat
 - Anal expulsive – reckless, careless, defiant, disorganized
- Phallic/Oedipal Stage
 - 3-5 years
 - Oedipus complex – son competing for mother
 - Electra complex – promiscuity and low self esteem, daughter competing with mother for father
 - Repression and identification
- Latency
 - 5-11 years
 - If fixation – immaturity and an inability to form fulfilling non sexual relationships
- Genital Stage
 - 11-13 years
 - Fixation – frigidity, impotence, sexual perversion, difficulty forming healthy sexual relationship
- Being unsatisfied at a particular stage can result in fixation, results in anxiety or neurosis

Psychodynamic Psychotherapy

- Mental life is unconscious
- Trauma and neglect are sources of pathology
- Use transference and counter-transference as data
- Best used in non-psychotic, complex, long-standing, treatment resistant conditions
- Transference – reactions or overreactions based on perceptions of and responses to a person in the here and now that reflect feelings about important people earlier in life
- Resistance – attempt to protect self by avoiding emotional discomfort that comes with painful thoughts and feelings
- Need patients with high motivation, psychological mindedness, ego strength, and ability to form a relationship

Distinctive Features of Psychodynamic Psychotherapy – Jonathan Shedler



Exploring the full emotional range



Examining avoidances



Identifying recurring patterns



Discussing past experience



Focusing on relationships



Examining the patient/therapist relationship



Valuing fantasy life

Defenses

- Mature
 - Altruism – service to others, satisfying internal needs through helping others – ie. volunteering
 - Anticipation – planning for future discomfort (ie. Rehearsing steps of dentist appt)
 - Humor – expression of feelings without personal discomfort or unpleasant affect on others
 - Sublimation – gratification of impulse with socially acceptable outlet vs. unacceptable (similar to displacement but more constructive) – ie. Aggression satisfied through athletics
 - Suppression – conscious or semiconscious decision to post-pone attention to a conflict – ie. set aside family issue until after work

Defenses

- Neurotic
 - Displacement – unconscious shift of impulses from one object to another, less threatening object (ie. Boss yells at you, kick dog)
 - Dissociation – temporary but drastic modification of self to avoid emotional distress (ie. Fugue)
 - Intellectualization – control of affect by thinking about them instead of experiencing them, distance self from emotion
 - Reaction Formation – behaving the opposite to how one feels (ie. Develop feelings for married woman, super ego recognizes this is against social norms, experience feelings of dislike towards her)
 - Repression – withholding feeling from conscious awareness, blocking unacceptable content
 - Undoing – attempt to compensate for past actions (ie. Mom slaps daughter in anger then kisses and cuddles her)
 - Rationalization – justification of behavior (ie. Stole chocolate because it is too expensive)

Defenses

- Immature
 - Acting Out – expression of unconscious wish to avoid affect, behavior gratifies impulse without awareness of emotion (ie. Punching hole in wall)
 - Projection – attributing one's feelings to others (ie. Crossing bridge with friend, accuse them of having fear of heights because you have fear of heights)
 - Somatization – conversion of psychic experience to body symptoms (ie. Conversion)
 - Schizoid Fantasy – using fantasy for retreat (ie. Daydreaming)
 - Regression – return to previous stage of development to avoid anxiety (ie. In hospital, throwing tantrums)
 - Passive-Aggression – indirect aggression, resisting demands without confrontation
 - Introjection – internalization of object (ie. Internalizing church teachings, criticism)

Defenses

- Pathological
 - Delusional Projection – reacting to unacceptable inner impulses as though they are outside the self, usually persecutory
 - Denial – blocking the external event from awareness (ie. Denial of critical illness)
 - Distortion – reshaping external reality to suit inner needs (ie. Narcissism, blaming others for own mistakes)

Defenses

- Splitting – failure to see positive and negative as cohesive whole, all good or all bad
- Idealization – exaggeration of positive qualities
- Devaluation – exaggeration of negative qualities
- Projective Identification – projection onto another

Self Psychology

- Kohut
- Narcissism develops out of lack of parental empathy rather than conflicting drives
- Without empathetic parental responses, child fails to develop self-esteem and will look externally for sense of value and worth
- Optimal frustration – tolerable disappointments
- Mirroring – others serve as mirror that reflects back a sense of self worth and value – involves use of affirming and positive responses of others to see positive traits in self
- Idealizing – individuals need people who make them feel calm and comfortable; an external other is idealized as calm and soothing when one cannot provide that on their own
- Twinship/alter ego – people need to feel a sense of likeness with others (ie. Kids and parents, mimicking behaviors); with healthy development, child can tolerate differences
- Tripolar self – grandiose-exhibitionistic needs (mirror transference), need for an omnipotent idealized figure (idealizing), alter ego needs (twinship)

Types of Narcissism



Kohut

Vulnerable, hypervigilant
Fragile, outwardly self-effacing
Thin-skinned, sensitive to narcissistic injury
Idealizes and envious of others
Basks in reflected glory of idealized object to impress others



Kernberg

Grandiose, competitive, attention seeking
Thick skinned, emphasis on aggressive and destructive personality characteristics
Entitlement and arrogance
Oblivious to other's needs, exploitative

Object Relations

- Klein, Fairburn, Winnicott, Kernberg
- Transference focused
- Biological drives have less emphasis
- The way people relate to others is shaped by family experiences in infancy
- Images of people turn into objects in the unconscious that the self carries into adulthood
- Initially “good” and “bad”, with “good enough” environment, come to see things as whole (ie. Breast analogy)
- Klein – paranoid-schizoid position (all good all bad), to depressive position (mom as target for both loving and hateful feelings)
- Unconscious struggles and symptoms arise from opposing sets of object relations
- Winnicott – good enough mother
 - Minimal requirement for normal development by creation of an adequate holding environment
 - Transitional object – toy that represents another object as a child establishes their sense of self

Other Notable Figures

- Kubler Ross – stages of grief – denial, anger, bargaining, depression, acceptance
- Kernberg – object relations, BPD – lack of integrated sense of identity, ego weakness, absence of superego integration, reliance on splitting and projective identification, tendency to shift into primary process thinking; suggested specific psychoanalytic therapy where transference issues are interpreted early in the process
- Adler – individual psychology, inferiority complex, birth order
- Bowlby – essence of attachment is proximity, secure base
- Jung – analytic psychology, collective unconscious, archetypes – universal meaning
- Maslow – self actualization – understand totality of person
- Carl Rogers – client centered psychotherapy, self actualization
- Anna O – patient, not therapist – had pseudocyesis – false pregnancy

Psychodynamic Formulation



PREDISPOSING



PRECIPITATING



PERPETUATING



PROTECTIVE



COVER BIO,
PSYCHO, SOCIAL

Motivational Interviewing

Person-centered

Therapist-guided

Exploring
ambivalence

Enhancing
motivation

Working toward
specific goals that
lead to healthy
change

Empathy ++
important

Strategies = express
empathy, develop
discrepancy, support
self-efficacy

OARS = open
questions, affirm,
reflect, summarize



Supportive Psychotherapy

- Active listening, empathy, accepting, reassuring
- Transparent and collaborative
- Psychoeducation
- Focus on the present
- Anticipatory guidance
- Clarify, summarize, paraphrase
- Use MI with maladaptive behaviors
- Follow affect
- Emphasize strengths
- Don't structure
- Patients with poor ego strength, whose potential for decompensation is high
- I.e. Individuals in acute crisis, patients with severe chronic pathology with fragile or deficient ego (ie latent psychosis, severe PD), patients with cognitive defects or physical sx that make them vulnerable, patients that are unmotivated
- Aim = relief of sx through behavioral or environmental restructuring within the existing psychic framework (ie. Stabilize)



Brief Psychotherapy

- Brief focal psychotherapy (Malan)
 - not appropriate for serious suicide attempts, substance dependence, chronic alcohol abuse, incapacitating obsessional sx or phobic sx, or destructive acting out
 - Identify transference early and interpret it, then link transference to parents
 - 20 sessions, set termination date in advance and work through grief and anger
- Time Limited psychotherapy (Mann)
 - Less explicit regarding criteria
 - Respond to conflict and explore maturational crisis w many psychological and somatic complaints
 - Exceptions – MDD that interferes with tx agreement, acute psychosis, pts that cant tolerate object relations
 - Limit to 12 sessions, positive transference predominating early, strict adherence to single issue, positive identification, active therapists, education of pts through direct info, reeducation, and manipulation
- Short Term Dynamic psychotherapy (Davanloo)
 - Oedipal, non-oedipal, and more than one focus
 - Specific technique for those with incapacitating OCD and phobia
 - Selection criteria emphasizes ego function
 - Establish focus, psychodynamic formulation, ability to interact emotionally, history of give and take relationships in pt's life, ability to tolerate anxiety, guilt and depression, motivation for change, psychological mindedness, ability to respond to interpretation
 - Flexibility (therapists should adapt techniques to pt's needs, control pt's regressive tendencies, active intervention to avoid pt developing overdependence, interpret emotional experiences of transference so they become corrective)
- Short Term Anxiety Provoking Psychotherapy (Sifneos)
 - Circumscribed chief complaint, one meaningful give and take relationship in early childhood, ability to interact flexibly w evaluator, above average IQ and ability to respond to interpretations, a contract to work on the focus, minimal expectations of outcome, motivation for change not just sx relief

	Malan	Mann (Time Limited)	Davanloo (Short Term Dynamic)	Sifenos (Anxiety Provoking)
Goal	Clarify nature of defense, anxiety and impulse Link present, past and transference	Resolution of present and enduring pain and negative self-image	Resolution of oedipal conflict, loss focus, or multiple foci	Resolution of oedipal conflict (triangular conflict)
Selection Criteria	Think in feeling terms, good motivation, response to trial interpretation	High ego strength, able to engage and disengage, NO MDD, psychosis, BPD	Psychological mindedness, past meaningful relationships, trial interpretation, tolerant of affect, high motivation, flexible defenses	Specific chief complaint, above average intelligence, one meaningful past relationship
Duration	Up to 1 year, mean 20	12 hours	5-40 sessions	Few months
Focus	Internal conflict present since childhood	Present and endured pain, image of self	Patient's intellectual insight and emotional experiences in the transference	Single focus – oedipal (triangular) conflict, anxiety provoking questions
Termination	Set definite date at beginning of tx	Term set at beginning and focus of treatment	No specific date of termination, patient told	No specific date of termination

Interpersonal Psychotherapy (IPT)

Focus on relational experiences, social supports, stressful life events

Focus on present, not the past as in psychodynamic

NNT 3

Interrupt cycle – depressed → push others away → they disengage → believe others will not care

Set frame:

- Initial (1-3 sessions) – form alliance, interpersonal inventory, illness timeline, choose focus
- Middle (2-12) – focus specific, role play, communication analysis, recruit supports, brainstorm, focus on affect
- Ending (1-2) – review changes, gains, contingency plan

Four Areas:

- Grief/bereavement
- Role transitions – remember even positive change can be associated w depression
- Role Disputes
- Interpersonal Sensitivity

Learning Theory



Pavlovian conditioning

Classical conditioning

Unconditional stimulus (ie. Food) paired with conditioned stimulus (ie. Bell) elicits conditional response (ie. Salivation)

Reciprocal inhibition – imagined anxiety situations paired with relaxation (counter-conditioning)

Hierarchies and SUDs

ERP – note that avoidance or safety behaviors decrease fear, prevent them

Interoceptive exposure – ie. Panic disorder, exposure to body sensations



Operant conditioning

Skinner

Rat presses on lever to get food

Behavior is operant because it operates on environment (voluntary)

Acquiesce new behaviors

Reinforcement and punishment

Shaping (successive approximations) and chaining (sequence of behaviors to get to final behavior)

Contingency management – token economy

Aversion based – last resort

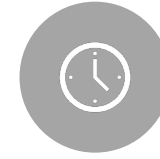
Other examples of behavioral interventions

- Behavioral activation
- Pleasurable events scheduling
- Graded task assignment
- Problem solving therapy
- Social skills training
- Assertiveness training
- Communication skills training
- Habit reversal therapy (ie. Tics, trichotillomania)
- Relaxation training – breathing, PMR, guided imagery, biofeedback

Cognitive Behavioral Therapy (CBT)



Thoughts, feelings, behaviors



Time limited, empiricism,
highly structured with
agenda setting and
homework



Automatic thought records



Use Socratic questioning



Thoughts are not facts – what
would that mean, what is the
evidence for or against, what
would you say to a friend



Calibrate homework to
abilities

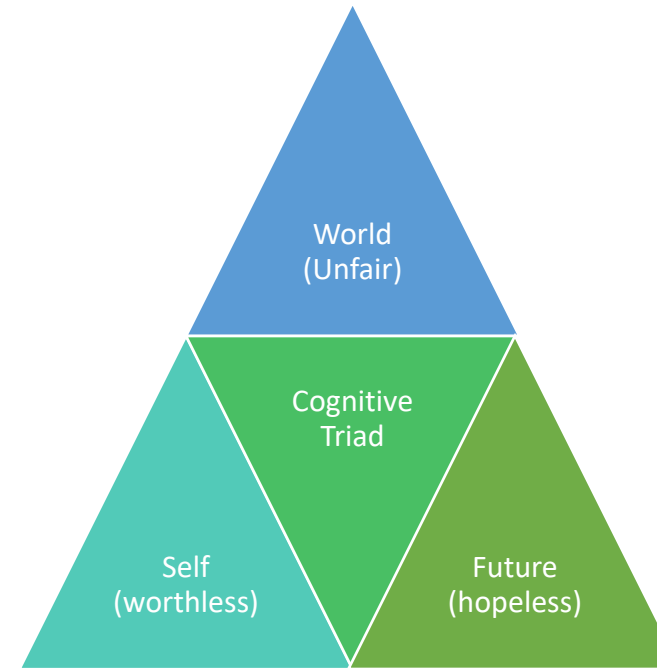
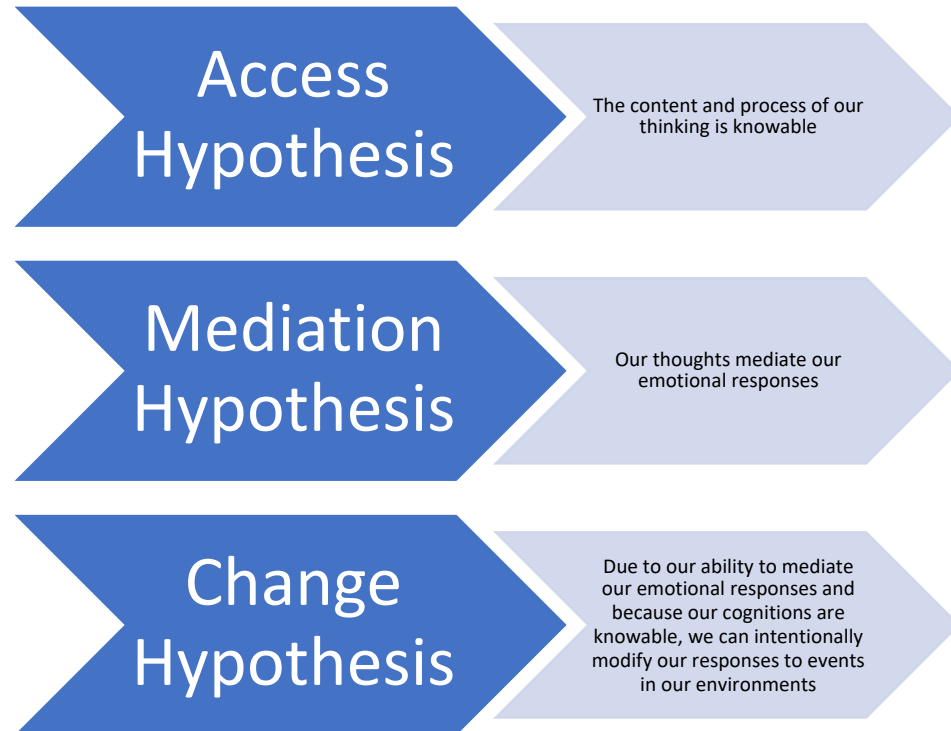


Be specific and concrete



Safety Behaviors - decrease
avoidance

CBT and Beck



Beck's Cognitive Triad**



CBT Techniques for Anxiety

Exposure

- Face fears
- Corrective information through experience
- Extinction of fear occurs w repeated exposure
- Successful coping enhances self-efficacy

Safety Response Inhibition

- Restrict usual anxiety reducing behaviors (escape, reassurance)
- Decrease negative reinforcement
- Coping with anxiety without safety behavior enhances self efficacy

Cognitive strategies

- Restructuring, behavioral experiments, target exaggerated perception of risk
- Provides corrective information and self-efficacy beliefs

Arousal Management

- Relaxation and breathing control skills can help patient control increased anxiety levels

Surrender of Safety Signals

- Relinquish safety signals (ie. Presence of companion, knowledge of location of toilet)
- Learn adaptive self—efficacy beliefs

Cognitive Distortions

All or Nothing Thinking

Catastrophizing

Disqualifying the
positive

Emotional reasoning

Labeling

Magnifying/minimizing

Selective Abstraction

Mind Reading

Over-generalizing

Should statements



Therapist Factors

- Alliance
- Empathy
- Collecting Patient Feedback
- Goal Consensus
- Collaboration
- Positive Regard
- Congruence/Genuineness
- Repairing Alliance Ruptures
- Managing Counter Transference

Group Therapy

- Therapist's role in group therapy
 - Size of group
 - Freq of sessions
 - Patient composition
 - Confidentiality
 - Goals
 - Preparation of patients
 - Determine group processes
- If aggressive and threat to others, or delusional and may incorporate group into delusions, or actively suicidal or severely depressed – should not be tx solely in group setting
- 8-10 optimal size
- Groups should be as heterogeneous as possible to ensure maximal interaction
- Children and adolescents should be in their own age groups
- Self help groups (ie AA) – homogeneity, same disorders, cohesion, overcome maladaptive behaviors, do not explore personal psychodynamics
- People w history of violence should not be in group



Group Therapy

- Therapeutic Factors in Group Psychotherapy
 - Universalization – patient is not alone, others share difficulties
 - Acceptance – feeling of being accepted by others in group
 - Altruism – one member helping another
 - Abreaction – repressed material brought to consciousness
 - Catharsis – expression of idea accompanied by emotion that gives relief
 - Cohesion – group working together toward common goal
 - Consensual validation – confirmation of reality by comparing own conceptualization to others, distortions corrected
 - Contagion – emotion in one member causes emotion in another member
 - Corrective familial experience - recreate family of origin
 - Empathy – group member to another
 - Identification – incorporate another member into ego system
 - Imitation – modeling of another's behavior (ie role modeling)
 - Insight – conscious understanding of one's own psychodynamics (intellectual – no change in behavior, emotional – change behavior)
 - Inspiration – imparting optimism to group members, instillation of hope
 - Interaction – emotionally charged exchanging of ideas
 - Interpretation – group leader formulates meaning of defenses/resistance
 - Learning – acquire knowledge
 - Reality testing – ability of person to evaluate objectively
 - Transference – projection of feelings, thoughts, wishes onto therapist (multiple transferences if toward other patients)
 - Ventilation – expression of suppressed feelings, ameliorate sense of sin (self disclosure)

DBT

- For Borderline Personality Disorder
- Eclectic - supportive, cog, behavioral, Eastern schools (Zen)
- Five goals
 - enhance and expand repertoire of skills
 - Improve motivation to change by reducing reinforcement of maladaptive behaviors
 - Ensure new behavioral patterns generalize from therapy to world
 - Structure environment so effective behaviors reinforced
 - Enhance motivation and capabilities of therapist for effective tx rendered
- Group skills, individual, phone, consultation team
- Agree as therapists to search for empathetic interpretations of patient's behavior, observe own limits without fear of judgment, all therapists fallible, consult with patient on how to interact with other therapists but not tell therapists how to interact w patient, tx hierarchy
- Accept and yet still expect change



Family Therapy

- Do not use if domestic violence
- Be careful to channel anger as could hurt family unit
- Free association inappropriate because one person could dominate session
- Therapist must control and direct family interview
- Positive connotation – reframing (ie brat is strongwilled)
- Contraindications to marriage therapy = severe psychosis, both really want a divorce, one spouse refuses to participate because of fear
- Psychodynamic-Experiential Models – therapists subjective responses given importance, emphasis on body positioning, interactions
- Bowen model
 - Degree of enmeshment vs degree of ability to differentiate
 - Analysis of emotional triangles in the problem for which they seek help
 - Excluded third in triangle – therapists role is to shift hot triangle
 - Minimize emotional contact w patients to preserve neutrality
 - Genogram
 - Differentiate from family of origin and be true selves in face of family pressure
- When is treatment complete?
 - When family members can complete transactions, check and ask
 - When they can interpret hostility
 - See how others see them
 - See how they see themselves
 - When one member can tell others how they manifest themselves, what is hoped, feared, expected of them
 - When they can disagree, make choices, free themselves from harmful effects of past models
 - When they can give clear messages, be congruent w behavior

	Key Point	Features	Therapist Role
Psychodynamic/Experiential	Emphasis on individual maturation in context of family system	Clarity of communication and honesty are priorities	Establish bond with each family member, use metaphors and language Uncover unconscious pattern of family relationships
Bowen (Family Systems)	Differentiation from family of origin	Hot triangle Genogram	Shift/stabilize hot triangle that is producing symptoms Therapist is neutral and limits emotional contact
Structural (Minuchin)	Family as single interrelated system	Alliances and splits Hierarchies of power Clarity and firmness of boundaries between generations	Family mapping Giving set of instructions to enhance communication Goal to obtain clarity
General Systems	Every action produces a reaction in others	External boundaries, internal rules	Insight and improved communication

Resources

- Kaplan and Sadock's Synopsis of Psychiatry
- DSM V
- Review Courses – London, Toronto (Dr. Roisin Byrne), Ottawa (Dr. Ravitz)
- Wikipedia