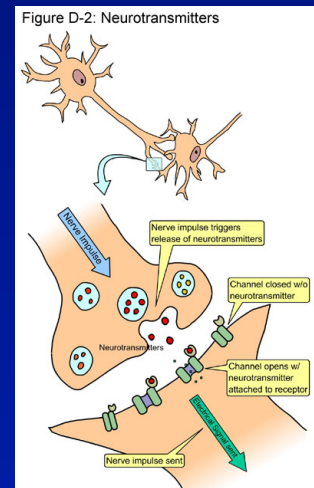


Psychotherapy

Current Biological/Medical Model

- assumption: treat physical cause of psych problem
- methods
 - psychopharmacology
 - antipsychotics - block dopamine receptors
 - antidepressants - inhibit serotonin re-uptake
 - Electro-Convulsive Therapy
 - psychosurgery (including lobotomy)
- problems
 - side effects – some may be permanent
 - compliance w drug regimen, etc.
 - temporary relief of symptoms
- USED FOR ... virtually all disorders now



Behavioral Approach

- assumption: behavior is learned
- goals: better self-management
- therapist role: help replace undesirable thoughts and behaviors with better ones
- time frame: present - work on current behavior
- methods
 - systematic desensitization, flooding, biofeedback, modeling, shaping, token economies, others
- USED FOR: phobias, somatic symptom disorders, depression, eating disorders, etc.

Humanistic Approach

- assumption: free will, choice, & capacity for self-determination and self-actualization
- goals: self-acceptance; remove things blocking self-awareness & actualization
- therapist role: facilitator of client's growth potential
- time frame: here & now - focus on immediate problems and goals of the person
- methods (Rogerian therapy, from Carl Rogers)
 - provide unconditional positive regard
 - provide empathy
 - emphasize congruence between feeling and behavior
- USED FOR: general problems in living

Psychodynamic Approach

- assumption: sexual & aggressive instincts create problems
- goals: psychosexual maturity; catharsis
- therapist role: explore meaning of behaviors
- time frame: past - focus on early roots of problems
- methods
 - free association
 - dream interpretation
 - analysis of everyday behavior (*no behavior is random!*)
- USED FOR: dissociative & somatic symptom disorders

Community Approach

- Goals:
 - bring treatment to people while remaining in their own community
 - deinstitutionalization movement – benefits of living among others
 - prevention
 - primary: stop problem from developing
 - secondary: early detection to prevent minor problems from becoming major ones

Does Psychotherapy Work?

- Eysenck (1952) review of studies: No
 - people who weren't treated improved at a higher rate than those who were treated
 - many problems with his review, e.g., those who weren't treated had less severe disorders and were more likely to improve on their own
- Smith, Glass & Miller (1980) meta-analysis (combination of results) of 475 studies: Yes
 - the average treated person was better off than 80% of untreated people
- WHY therapy works, WHICH therapies are best for WHICH disorders – still topics of research