

Human Behavior Course 2004

Psychotherapies

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HUMAN BEHAVIOR COURSE 2004

PSYCHOTHERAPIES - SLIDES

LEARNING OBJECTIVES AND STUDY QUESTIONS FOR DISCUSSION.

1. Know the meaning of the terms and concepts listed in slide one below.
2. What is psychotherapy? What are its common features?
3. How does psychotherapy “work”? What are the common factors at work in all psychotherapies?
4. How long does it take for someone to feel better during or after psychotherapy?
5. What is the difference between supportive and insight-oriented therapies? What approaches tend to characterize each?
6. Compare and contrast crisis intervention, time-limited psychotherapy, and longer-term psychotherapy.
7. Know the key features of psychoanalytic psychotherapy. What does it change that leads to improvement?
8. Describe the key features of cognitive therapy. What does it change that leads to improvement?
9. Describe the key features of behavioral therapies. What do they change that leads to improvement?

Slide 1

Psychotherapies - Terms & Concepts

- ★ Psychotherapy
- ★ Individual therapy
- ★ Group therapy
- ★ Psychoanalysis
- ★ Psychodynamic therapy
- ★ Supportive therapy
- ★ Interpersonal therapy
- ★ Cognitive therapy
- ★ Behavior therapy
- ★ Conjoint therapy
- ★ Family therapy
- ★ Milieu therapy
- ★ Brief psychotherapy
- ★ Crisis intervention
- ★ Time-limited psychotherapy
- ★ Long-term psychotherapy
- ★ Self-help groups
- ★ Mechanisms of change
- ★ Synaptic plasticity
- ★ Placebo effect
- ★ Active placebo
- ★ Specific curative factors
- ★ Nonspecific curative factors
- ★ Assessment criteria
- ★ Selection criteria
- ★ Psychodynamic formulation
- ★ Defense mechanisms
- ★ Focal conflict
- ★ Neurosis
- ★ Therapeutic alliance
- ★ Compliance or adherence
- ★ Narrative
- ★ Assumptive world
- ★ Inner representation



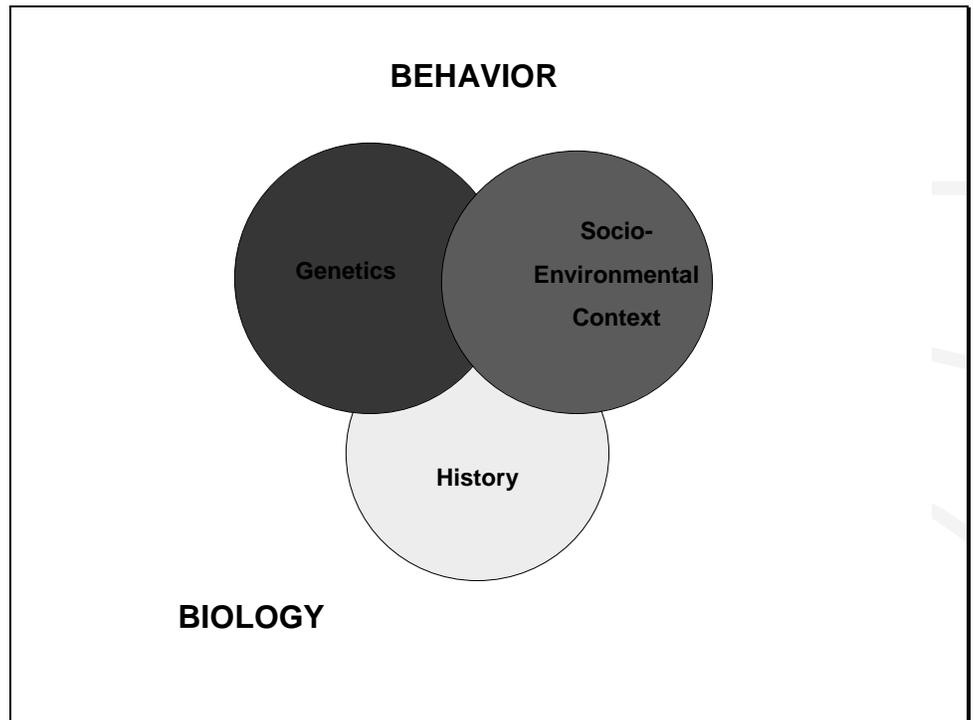
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Psychotherapies - Terms & Concepts 2

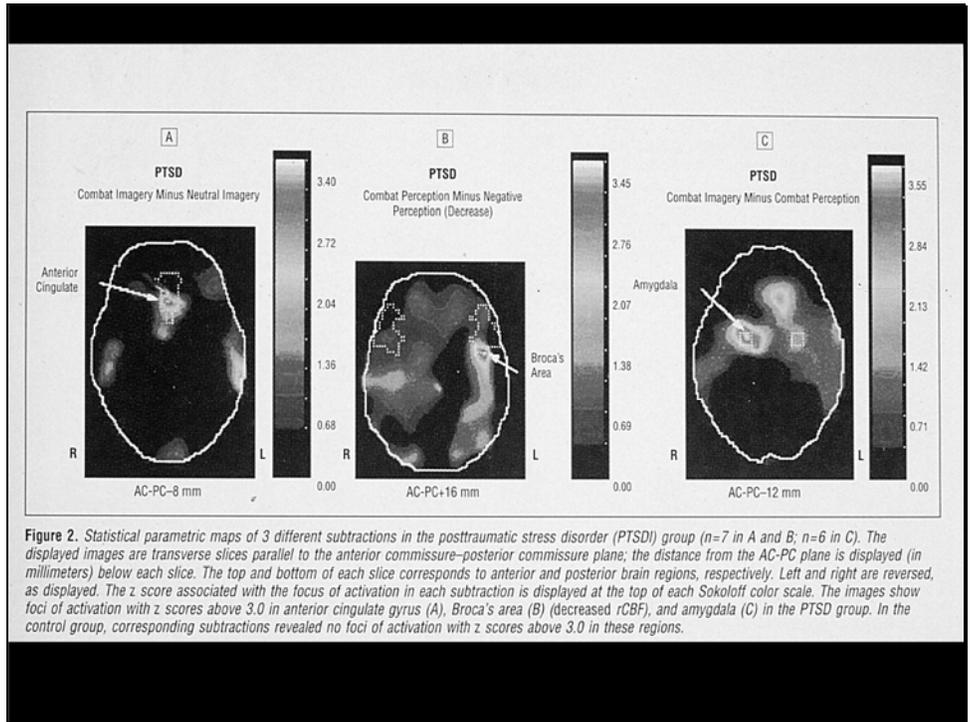
- ★ Transference
- ★ Countertransference
- ★ Concordant countertransference
- ★ Complementary countertransference
- ★ Free association
- ★ Neutrality
- ★ Abstinence
- ★ Self-disclosure
- ★ Interpretation
- ★ Confrontation
- ★ Clarification
- ★ Encouragement to elaborate
- ★ Empathic validation
- ★ Advice and praise
- ★ Affirmation
- ★ Object relations
- ★ Cognitive schema



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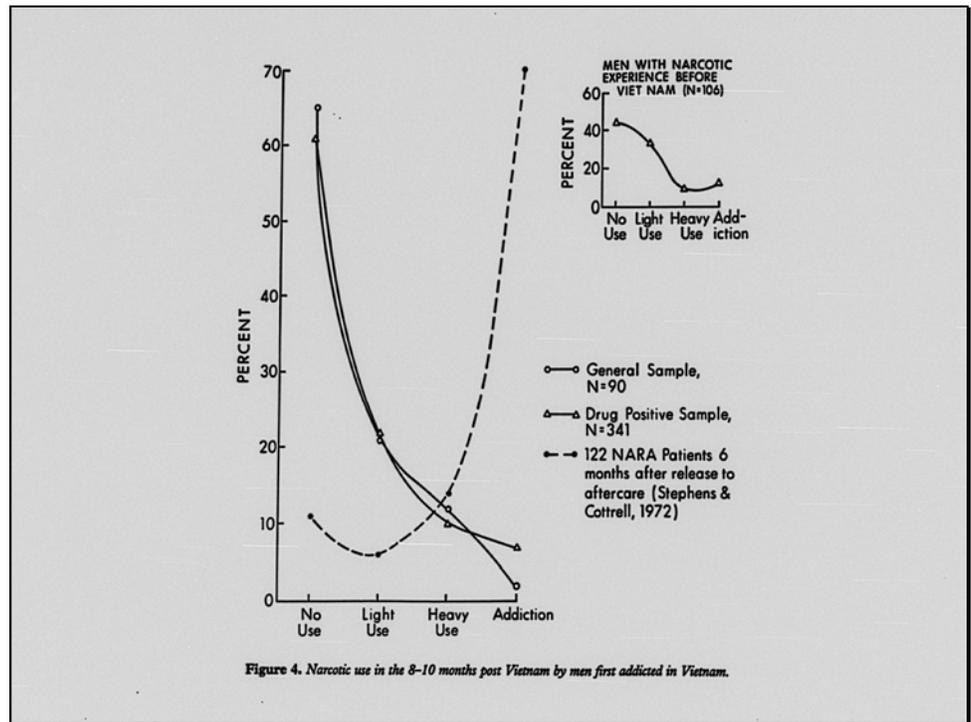


Slide 4



Slide 5

	Short Term	Long Term
BIO		
PSYCH		
SOC/CULT		

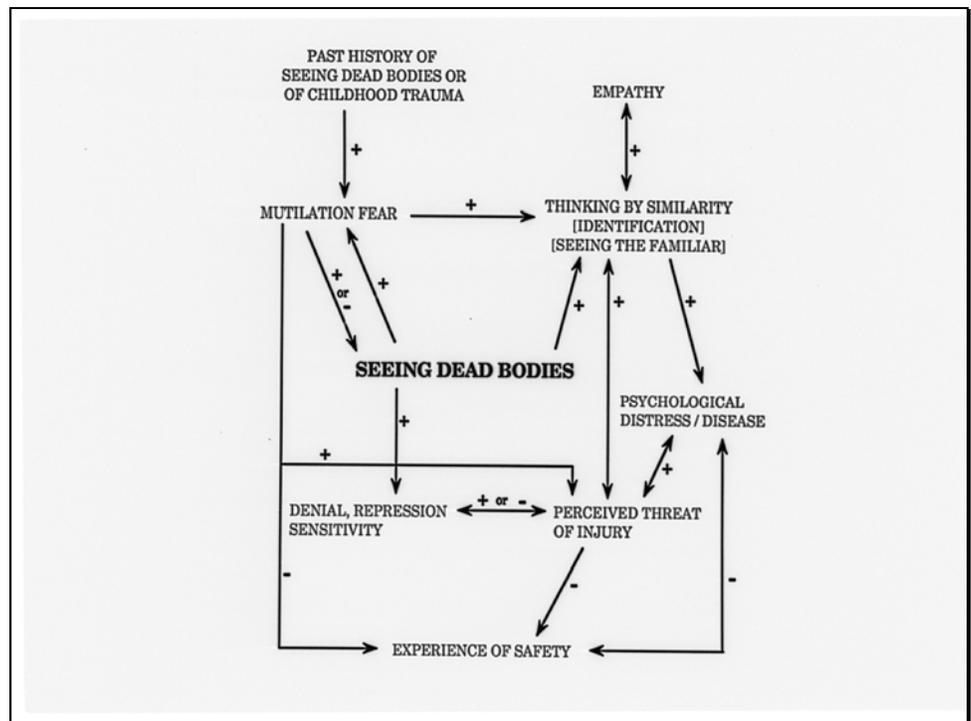


Psychotherapy

1. Verbal
2. Two- Group
3. Voluntarily Integrated
4. One person has been labeled the expert and the other the help seeker
5. Expectation of help
6. For the purpose of elucidating characteristic patterns of living which are particularly troublesome

Non-Specific Curative Factors:

1. Intense confiding relationship
2. Expectation of help
3. Abreaction
4. New information
5. A rationale/myth
6. Provision of success experiences



Identifying the Focal Conflict

- Precipitant, early life traumas and repetitive behaviors highlight the focal conflict
- Focal conflict should be active in the patient's life
- Be alert to conflicts about success as well as loss
- Look for areas of inhibition
- Choose one focal conflict related to one transference figure
- Trial interpretation of the focal conflict often elicits an affective response

Psychotherapy

1. Psychoanalysis
2. Psychodynamic Psychotherapy
3. Supportive Psychotherapy
- (4. Interpersonal Psychotherapy)
- (5. Cognitive Psychotherapy)

Psychoanalysis

GOAL: Elucidation and resolution of the childhood neurosis as it presents itself in the transference neurosis.

Psychoanalysis (Continued)

Techniques:

Free Association

Couch

Interpretation

Frequency of Meeting 4-5X/Week

Neutrality

Abstinence

Medications - No

Duration : 3-5 years

Countertransference

Complementary	The therapist experiences and empathizes with the feelings of <u>an important person from the patient's life</u>
Concordant	The therapist experiences and empathizes with <u>the patient's emotional position</u>

PROCESSING THE COUNTERTRANSFERENCE

- Be alert to ones own developmental and life issues
- Do not take the patient's feelings about you personally
- Do not enact the countertransference
- Use the countertransference to help form interpretations
- Use countertransference anger to understand the patient's hostility
- Examine one's emotional reactions for clues to the patient's dynamics
- With borderline patients, diagnose split apart self and object images by linking transference and countertransference
- Search for the concordant countertransference when experiencing the complementary countertransference

Psychodynamic Psychotherapy

GOAL: More Focal

 Defense Analysis

 More Here and Now

EVALUATION FOR PSYCHODYNAMIC PSYCHOTHERAPY

I. Beginning the Evaluation

- Educate the patient about the evaluation process
- Usually 1 to 4 sessions
- Assessment of life threatening behaviors
- Assessment of organic causes of the patient's illness
- Psychiatric diagnosis
- Therapist uses questioning and listening
- Listen for the patient's fears of starting treatment

Evaluation for Psychodynamic Psychotherapy

II. Psychodynamic Assessment

Listen to and Explore:

Precipitants of illness and of seeking help

Past history

Significant figures in the past

Earliest memory

Recurrent/recent dream

Experience of previous treatments and therapists

Observe how the patient relates to the therapist

Give a trial interpretation

Invite collaboration in understanding

Evaluation for Psychodynamic Psychotherapy

III. Selection Criteria

Patient criteria:

Neurotic level disorders

Psychologically minded

Able to use understanding for relief of symptoms

Patient has a supportive environment

Good patient-therapist match

More seriously disturbed patients require more supportive measures

Psychodynamic Psychotherapy

Focus	The effects of past experience on present behaviors (cognition, affects, fantasies, and actions)
Goal	Understanding the defense mechanisms and transference responses of the patient, particularly as they appear in the doctor-patient relationship
Technique	Therapeutic alliance Free association Defense and transference interpretation Frequent meetings Duration of treatment: months to years

Psychodynamic Psychotherapy (Continued)

Techniques:

- FACE TO FACE
- Interpretation
- Confrontation
- +/- MEDS
- Transference
- Benign Neglect
- Frequency - 2-3X/Week
- Duration - 6 months to _ Years

Slide 22

Repression	Isolation of Affect
Denial	Regression
Reaction Formation	Sublimation
Displacement	Splitting
Reversal	Projection
Inhibition	Projective Identification
Identification with the Aggressor	Omnipotence
Asceticism	Devaluing
Intellectualization	Primitive Idealization

Slide 23

PSYCHODYNAMIC PSYCHOTHERAPY (CONTINUED)	
Diagnoses:	“Neuroses”
	Personality Disorders
	Borderline Condition
	Schizophrenia, M-D Disorder
	Adjustment Disorder
	PTSD

Supportive Psychotherapy: Goals, Selection and Duration

Goal
Maintain or reestablish usual level of functioning

Selection
Very healthy with severe stressor
Severely or chronically ill with ego deficits
Able to recognize safety and develop trust

Duration
Days to years

Supportive Psychotherapy (continued)

Techniques:

- Face to face
- Interpretation - No
- Do not ignore transference
- ++ Medications
- Support effective defenses
- Allow idealization/powerful other
- Frequency: 3-4x/week to 1x3 months
- Duration: weeks to years

Use of Interpretation in Supportive Psychotherapy:

- Use interpretation sparingly
- Prepare the patient
- Provide reassurance at the same time as interpretation
- Give the patient room to reject the interpretation
- Provide the patient aid in working through

Supportive Psychotherapy (continued)

Diagnoses: Psychoses
 Brief Anxiety Reactions
 Adjustment Disorder (Non-Recurrent)

General Guidelines

- In a medical emergency “Do what must be done”
- Both action and inaction require exploration
- Operate as a concerned physician
- Foster autonomy and independence
- Create a setting of safety to allow for exploration

Common Practical Problems

- Office Décor and Setting
- Fees
- Medical Insurance
- Telephone Calls
- Vacations
- Suicidal Patients
- Dangerous Patients
- Gifts
- Advice Giving
- Illness in the Patient
- Therapist Errors

Psychoanalysis (Continued)

Diagnoses: "Neuroses" - Oedipal Level Conflict
Requiring an Ability to form a therapeutic alliance, observe
feeling states.

"Character Neuroses"

Hysteria, Obs-comp, anxiety, depressive (chronic) disorders