Unit 13:
Treatment of Abnormal Behavior

Key Redfield Jamison, an award-winning clinical psychologist and world expert on the emotional extremes of bipolar disorder, knows her subject firsthand. “For as long as I can remember” she recalled in An Unquiet Mind, “it was frighteningly, although often wonderfully, beholden to moods. Intensely emotional as a child, mercurial as a young girl, first severely depressed as an adolescent, and then relentlessly caught up in the cycles of manic-depressive illness [now known as bipolar disorder] by the time I began my professional life, I became, both by necessity and intellectual inclination, a student of moods” (1995, pp. 4–5). Her life was blessed with times of intense sensitivity and passionate energy. But like her father’s, it was also at times plagued by reckless spending, racing conversation and sleeplessness, alternating with swings into “the blackest caves of the mind.”

Then, “in the midst of utter confusion,” she made a sane and profoundly helpful decision. Risking professional embarrassment she made an appointment with a therapist, a psychiatrist she would visit weekly for years to come.

He kept me alive a thousand times over. He saw me through madness, despair, wonderful and terrible love affairs, disillusionments and triumphs, recurrence of illness, an almost fatal suicide attempt, the death of a man I greatly loved, and the enormous pleasures and aggravations of my professional life... He was very tough, as well...
Unit 13 - Overview

• Introduction to Therapy, and Psychodynamic and Humanistic Therapies
• Behavior, Cognitive, and Group Therapies
• Evaluating Psychotherapies and Prevention Strategies
• The Biomedical Therapies

Click on the any of the above hyperlinks to go to that section in the presentation.
Module 70: Introduction to Therapy, and Psychodynamic and Humanistic Therapies

Module Learning Objectives

70-1 Discuss how psychotherapy, biomedical therapy, and an eclectic approach to therapy differ.

70-2 Discuss the goals and techniques of psychoanalysis, and describe how they have been adapted in psychodynamic therapy.

70-3 Identify the basic themes of humanistic therapy, and describe the specific goals and techniques of Rogers’ client-centered approach.
Introduction to Therapy

• History of treatment
  – Philippe Pinel
  – Dorothea Dix

• Psychotherapy
• Biomedical therapy
• Eclectic approach
Psychoanalysis and Psychodynamic Therapy

• Psychoanalysis

• Goals of therapy
  – Insight

“I’m more interested in hearing about the eggs you’re hiding from yourself.”
Psychoanalysis and Psychodynamic Therapy

Techniques

• Free association
• **Resistance**
• **Interpretation**
• Dream analysis
• **Transference**
Psychoanalysis and Psychodynamic Therapy

Psychodynamic Therapy

- **Psychodynamic therapy**
  - Aims of psychodynamic therapy
  - Similarities with psychoanalysis
  - Differences with psychoanalysis
Humanistic Therapies

• Insight therapies

• Humanistic therapies promote:
  – Boost people’s self-fulfillment
  – Promoting growth instead of curing
  – Taking immediate responsibility
  – Conscious rather than the unconscious thoughts
  – The present and future rather than the past
Humanistic Therapies

- **Client-centered therapy**
  - Nondirective therapy
  - Genuineness, acceptance, and empathy
  - **Active listening**
    - Paraphrase
    - Invite clarification
    - Reflect feelings
  - **Unconditional positive regard**
Module 71: Behavior, Cognitive, and Group Therapies

Module Learning Objectives

71-1: Explain how the basic assumption of behavior therapy differs from those of psychodynamic and humanistic therapies, and describe the techniques used in exposure therapies and aversive conditioning.

71-2: State the main premise of therapy based on operant conditioning principles, and describe the views of its proponents and critics.

71-3: Discuss the goals and techniques of cognitive therapy and of cognitive-behavioral therapy.

71-4: Discuss the aims and benefits of group and family therapy.
Behavior Therapies

- **Behavior Therapy**
  - Classical conditioning techniques
  - Operant conditioning techniques
Behavior Therapies

Classical Conditioning Techniques

- **Counterconditioning**
  - Exposure therapies
    - Systematic desensitization
    - Virtual reality exposure therapy
  - Aversive conditioning
Behavior Therapies
Classical Conditioning Techniques:
Aversive Conditioning

[Diagram showing classical conditioning process with unconditioned stimulus (US) (drug), unconditioned response (UR) (nausea), conditioned stimulus (CS) (alcohol), and conditioned response (CR) (nausea).]
Behavior Therapies

Operant Conditioning

- Behavior modification
- Token economy
- Criticisms
  - How durable are the behaviors?
  - Is it right for one human to control another’s behavior?
Cognitive Therapies

• **Cognitive therapy**
  – **Rational-emotive therapy**
  – Aaron Beck’s therapy for depression
  – **Cognitive-behavioral therapy**
Cognitive Therapies

Lost job

Internal beliefs: I’m worthless. It’s hopeless.

Depression

Lost job

Internal beliefs: My boss is a jerk. I deserve something better.

No depression
Cognitive Therapies

Rational Emotive Behavior Therapy

- Albert Ellis
- Irrational thinking
- Challenge people’s way of thinking
Cognitive Therapies

Aaron Beck’s Therapy for Depression

• Aaron Beck’s therapy for depression
  – Catastrophizing beliefs
  – Reveals irrational thinking
  – Gentler than rational-emotive therapy
Cognitive Therapies

Cognitive-Behavioral Therapy

- **Cognitive-behavioral therapy**
  - Combines cognitive and behavioral therapies
  - Aims to change the person's thinking and behavior
# Cognitive Therapies

## Selected Cognitive Therapy Techniques

<table>
<thead>
<tr>
<th>Aim of Technique</th>
<th>Technique</th>
<th>Therapists' Directives</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reveal beliefs</td>
<td>Question your interpretations</td>
<td>Explore your beliefs, revealing faulty assumptions such as “I must be liked by everyone.”</td>
</tr>
<tr>
<td></td>
<td>Rank thoughts and emotions</td>
<td>Gain perspective by ranking your thoughts and emotions from mildly to extremely upsetting.</td>
</tr>
<tr>
<td>Test beliefs</td>
<td>Examine consequences</td>
<td>Explore difficult situations, assessing possible consequences and challenging faulty reasoning.</td>
</tr>
<tr>
<td></td>
<td>Decatastrophize thinking</td>
<td>Work through the actual worst-case consequences of the situation you face (it is often not as bad as imagined). Then determine how to cope with the real situation you face.</td>
</tr>
<tr>
<td>Change beliefs</td>
<td>Take appropriate responsibility</td>
<td>Challenge total self-blame and negative thinking, noting aspects for which you may be truly responsible, as well as aspects that aren’t your responsibility.</td>
</tr>
<tr>
<td></td>
<td>Resist extremes</td>
<td>Develop new ways of thinking and feeling to replace maladaptive habits. For example, change from thinking “I am a total failure” to “I got a failing grade on that paper, and I can make these changes to succeed next time.”</td>
</tr>
</tbody>
</table>
# Comparing Modern Psychotherapies

<table>
<thead>
<tr>
<th>Therapy</th>
<th>Presumed Problem</th>
<th>Therapy Aim</th>
<th>Therapy Technique</th>
</tr>
</thead>
<tbody>
<tr>
<td>Psychodynamic</td>
<td>Unconscious conflicts from childhood experiences</td>
<td>Reduce anxiety through self-insight.</td>
<td>Interpret patients’ memories and feelings.</td>
</tr>
<tr>
<td>Client-centered</td>
<td>Barriers to self-understanding and self-acceptance</td>
<td>Enable growth via unconditional positive regard, genuineness, and empathy.</td>
<td>Listen actively and reflect clients’ feelings.</td>
</tr>
<tr>
<td>Behavior</td>
<td>Dysfunctional behaviors</td>
<td>Relearn adaptive behaviors; extinguish problem ones.</td>
<td>Use classical conditioning (via exposure or aversion therapy) or operant conditioning (as in token economies).</td>
</tr>
<tr>
<td>Cognitive</td>
<td>Negative, self-defeating thinking</td>
<td>Promote healthier thinking and self-talk.</td>
<td>Train people to dispute negative thoughts and attributions.</td>
</tr>
<tr>
<td>Cognitive-behavioral</td>
<td>Self-harmful thoughts and behaviors</td>
<td>Promote healthier thinking and adaptive behaviors.</td>
<td>Train people to counter self-harmful thoughts and to act out their new ways of thinking.</td>
</tr>
<tr>
<td>Group and family</td>
<td>Stressful relationships</td>
<td>Heal relationships.</td>
<td>Develop an understanding of family and other social systems, explore roles, and improve communication.</td>
</tr>
</tbody>
</table>
Group and Family Therapies

- **Group therapy**
- **Family therapy**
- Self-help groups
Module 72: Evaluating Psychotherapies and Prevention Strategies

Module Learning Objectives

72-1 Discuss whether psychotherapy works as interpreted by clients, clinicians, and outcome research.

72-2 Describe which psychotherapies are most effective for specific disorders.

72-3 Discuss how alternative therapies fare under scientific scrutiny.

72-4 Describe the three elements shared by all forms of psychotherapy.

72-5 Discuss how culture, gender, and values influence the therapist-client relationship.

72-6 Identify some guidelines for selecting a therapist.

72-7 Explain the rationale of preventive mental health programs.
Evaluating Psychotherapies

Is Psychotherapy Effective?

- Client’s perceptions
- Clinician’s perceptions
- Outcome research
  - Meta-analysis

![Graph showing distribution of outcomes for untreated and treated individuals. The graph indicates that 80% of untreated people have poorer outcomes than the average treated person.](image)
Evaluating Psychotherapies

The Relative Effectiveness of Different Psychotherapies

- **Evidence-based practice**
Evaluating Psychotherapies

Evaluating Alternative Therapies

- Eye movement desensitization and reprocessing (EMDR)
- Light exposure therapy
  - Seasonal affective disorder (SAD)
Evaluating Psychotherapies

Commonalities Among Psychotherapies

• Hope for demoralized people
• A new perspective
• An empathic, trusting, caring relationship
• Therapeutic alliance
Evaluating Psychotherapies
Culture, Gender, and Values in Psychotherapy

• Similarities between cultures
• Differences between cultures
## Therapist and their Training

<table>
<thead>
<tr>
<th>Type</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Clinical psychologists</strong></td>
<td>Most are psychologists with a Ph.D. (includes research training) or Psy.D. (focuses on therapy) supplemented by a supervised internship and, often, postdoctoral training. About half work in agencies and institutions, half in private practice.</td>
</tr>
<tr>
<td><strong>Psychiatrists</strong></td>
<td>Psychiatrists are physicians who specialize in the treatment of psychological disorders. Not all psychiatrists have had extensive training in psychotherapy, but as M.D.s or D.O.s they can prescribe medications. Thus, they tend to see those with the most serious problems. Many have their own private practice.</td>
</tr>
<tr>
<td><strong>Clinical or psychiatric social workers</strong></td>
<td>A two-year master of social work graduate program plus postgraduate supervision prepares some social workers to offer psychotherapy, mostly to people with everyday personal and family problems. About half have earned the National Association of Social Workers’ designation of clinical social worker.</td>
</tr>
<tr>
<td><strong>Counselors</strong></td>
<td>Marriage and family counselors specialize in problems arising from family relations. Clergy provide counseling to countless people. Abuse counselors work with substance abusers and with spouse and child abusers and their victims. Mental health and other counselors may be required to have a two-year master’s degree.</td>
</tr>
</tbody>
</table>
Preventing Psychological Disorders

• Resilience

• Preventing psychological disorders
Module Learning Objectives

73-1 Identify and describe the drug therapies, and explain how double-blind studies help researchers evaluate a drug’s effectiveness.

73-2 Describe the use of brain stimulation techniques and psychosurgery in treating specific disorders.

73-3 Describe how, by taking care of themselves with a healthy lifestyle, people might find some relief from depression, and explain how this reflects our being biopsychosocial systems.
Drug Therapies

• **Psychopharmacology**

• Factors to consider with drug therapy
  – Normal recovery rate of untreated patients
  – Placebo effect
    • Double blind procedure
Drug Therapies

Antipsychotic Drugs

- **Antipsychotic drugs**
  - Psychoses
  - Chlorpromazine (Thorazine)
  - Dopamine
  - Tardive dyskinesia
  - Risperidone and olanzapine
Antianxiety Drugs

- Antianxiety drugs
  - Xanax, Ativan, D-cycloserine
  - Physiological dependence

“If this doesn’t help you don’t worry, it’s a placebo.”
Drug Therapies

Antidepressant Drugs

- **Antidepressant drugs**
  - Use with mood and anxiety disorders
  - Fluoxetine (Prozac), Paxil
    - Selective-serotonin-reuptake inhibitors
    - Neurogenesis
  - Side effects of antidepressants
Drug Therapies

Antidepressant Drugs

Biology of antidepressants

Message is sent across synaptic gap.

Message is received; excess serotonin molecules are reabsorbed by sending neuron.

- Sending neuron
- Action potential
- Synaptic gap
- Reuptake
- Receptors
- Serotonin molecule
- Receiving neuron
Drug Therapies

Antidepressant Drugs

Biology of antidepressants

Message is sent across synaptic gap.

Message is received; excess serotonin molecules are reabsorbed by sending neuron.

Prozac partially blocks normal reuptake of the neurotransmitter serotonin; excess serotonin in synapse enhances its mood-lifting effect.
Drug Therapies

Mood Stabilizing Medications

- Mood-stabilizing medications
  - Lithium
  - Depakote
Brain Stimulation

Electroconvulsive Therapy

- Electroconvulsive therapy
  - Procedure
  - Severe depression
  - Problems/side effects
Brain Stimulation

Electroconvulsive Therapy
Brain Stimulation

Alternative Neurostimulation Therapies

• Magnetic Stimulation
  – Repetitive transcranial magnetic stimulations (rTMS)

• Deep-Brain Stimulation
Repetitive transcranial magnetic stimulations (rTMS)
Psychosurgery

- Lobotomy
  - History
  - Procedure
  - Side effects
  - Use today
Therapeutic Lifestyle Change

• Integrated biopsychosocial system
• Therapeutic life-style change
  – Aerobic exercise
  – Adequate sleep
  – Light exposure
  – Social connection
  – Anti-rumination
  – Nutritional supplements
## Comparing Biomedical Therapies

<table>
<thead>
<tr>
<th>Therapy</th>
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<th>Therapy Aim</th>
<th>Therapy Technique</th>
</tr>
</thead>
<tbody>
<tr>
<td>Drug therapies</td>
<td>Neurotransmitter malfunction</td>
<td>Control symptoms of psychological disorders.</td>
<td>Alter brain chemistry through drugs.</td>
</tr>
<tr>
<td>Brain stimulation</td>
<td>Severe, “treatment-resistant” depression</td>
<td>Alleviate depression that is unresponsive to drug therapy.</td>
<td>Stimulate brain through electroconvulsive shock, magnetic impulses, or deep-brain stimulation.</td>
</tr>
<tr>
<td>Psychosurgery</td>
<td>Brain malfunction</td>
<td>Relieve severe disorders.</td>
<td>Remove or destroy brain tissue.</td>
</tr>
<tr>
<td>Therapeutic lifestyle change</td>
<td>Stress and unhealthy lifestyle</td>
<td>Restore healthy biological state.</td>
<td>Alter lifestyle through adequate exercise, sleep, and other changes.</td>
</tr>
</tbody>
</table>
The End
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  – This presentation has been saved as a “basic” Powerpoint file. While this file format placed a few limitations on the presentation, it insured the file would be compatible with the many versions of Powerpoint teachers use. To add functionality to the presentation, teachers may want to save the file for their specific version of Powerpoint.

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  – Just as *Myers’ Psychology for AP 2e* is color coded to the College Board AP Psychology Course Description (Acorn Book) Units, so are these Powerpoints. The primary background color of each slide indicates the specific textbook unit.

  • Psychology’s History and Approaches
  • Research Methods
  • Biological Bases of Behavior
  • Sensation and Perception
  • States of Consciousness
  • Learning
  • Cognition
  • Motivation, Emotion, and Stress
  • Developmental Psychology
  • Personality
  • Testing and Individual Differences
  • Abnormal Psychology
  • Treatment of Abnormal Behavior
  • Social Psychology
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    • By presenting information in small chunks, students will find it easier to process and remember the concepts.
    • By continually changing slides, students will stay interested in the presentation.
    • To facilitate class discussion and critical thinking. Students should be encouraged to think about “what might come next” in the series of slides.

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Division title (red print)
subdivision title (*blue print*)

• XXX
  – XXX
  – XXX
Division title (red print in text)
subdivision title (blue print in text)

Use this slide to add a table, chart, clip art, picture, diagram, or video clip. Delete this box when finished
Definition Slide

= add definition here
Definition Slides
Psychotherapy

= treatment involving psychological techniques; consists of interactions between a trained therapist and someone seeking to overcome psychological difficulties or achieve personal growth.
Biomedical Therapy

= prescribed medications or medical procedures that act directly on the patient’s physiology.
Eclectic Approach

= an approach to psychotherapy that, depending on the client’s problems, uses techniques from various forms of therapy.
Psychoanalysis

= Sigmund Freud’s therapeutic technique. Freud believed the patient’s free associations, resistances, dreams, and transferences – and the therapist’s interpretations of them – released previously repressed feelings, allowing the patient to gain self-insight.
Resistance

= in psychoanalysis, the blocking from consciousness of anxiety-laden material.
Interpretation

= in psychoanalysis, the analyst’s noting supposed dream meanings, resistances, and other significant behaviors and events in order to promote insight.
Transference

= in psychoanalysis, the patient’s transfer to the analyst of emotions linked with other relationships (such as love or hatred for a parent).
Psychodynamic Therapy

= therapy deriving from the psychoanalytic tradition that views individuals as responding to unconscious forces and childhood experiences, and that seeks to enhance self-insight.
Insight Therapies

= a variety of therapies that aim to improve psychological functioning by increasing a client’s awareness of underlying motives and defenses.
Client-Centered Therapy

= a humanistic therapy, developed by Carl Rogers, in which the therapist uses techniques such as active listening within a genuine, accepting, empathic environment to facilitate client’s growth. (Also called *person-centered therapy.*)
Active Listening

= empathic listening in which the listener echoes, restates, and clarifies. A feature of Roger’s client-centered therapy.
Unconditional Positive Regard

= a caring, accepting, nonjudgmental attitude, which Carl Rogers believed would help clients to develop self-awareness and self-acceptance.
Behavior Therapy

= therapy that applies learning principles to the elimination of unwanted behaviors.
Counterconditioning

= a behavior therapy procedure that used classical conditioning to evoke new responses to stimuli that are triggering unwanted behaviors; includes exposure therapies and aversive conditioning.
Exposure Therapies

= behavioral techniques, such as **systematic desensitization and virtual reality exposure therapy**, that treat anxieties by exposing people (in imagination or actual situations) to the things they fear and avoid.
Systematic Desensitization

= a type of exposure therapy that associates a pleasant relaxed state with gradually increasing anxiety-triggering stimuli. Commonly used to treat phobias.
Virtual Reality Exposure Therapy

= an anxiety treatment that progressively exposes people to electronic simulations of their greatest fears, such as airplane flying, spiders, or public speaking.
Aversive Conditioning

= a type of counterconditioning that associates an unpleasant state (such as nausea) with an unwanted behavior (such as drinking alcohol).
Token Economy

= an operant conditioning procedure in which people earn a token of some sort for exhibiting a desired behavior and can later exchange the tokens for various privileges or treats.
Cognitive Therapy

= therapy that teaches people new, more adaptive ways of thinking and acting; based on the assumption that thoughts intervene between events and our emotional reactions.
Rational-Emotive Behavior Therapy (REBT)

= a confrontational cognitive therapy, developed by Albert Ellis, that vigorously challenges people’s illogical, self-defeating attitudes and assumptions.
Cognitive-Behavioral Therapy (CBT)

= a popular integrative therapy that combines cognitive therapy (changing self-defeating thinking) with behavior therapy (changing behavior).
Group Therapy

= therapy conducted with groups rather than individuals, permitting therapeutic benefits from group interaction.
Family Therapy

= therapy that treats the family as a system. Views an individual’s unwanted behaviors as influenced by, or directed at, other family members.
Regression Toward the Mean

= the tendency for extreme or unusual scores to fall back (regress) toward their average.
Meta-Analysis

= a procedure for statistically combining the results of many different research studies.
Evidence-Based Practice

= clinical decision-making that integrates the best available research with clinical expertise and patient characteristics and preferences.
Therapeutic Alliance

= a bond of trust and mutual understanding between a therapist and client, who work together constructively to overcome the client’s problem.
Resilience

= the personal strength that helps most people cope with stress and recover from adversity and even trauma.
Psychopharmacology

= the study of the effects of drugs on mind and behavior.
Antipsychotic Drugs

= drugs used to treat schizophrenia and other forms of severe thought disorder.
Antianxiety Drugs

= drugs used to control anxiety and agitation.
Antidepressant Drugs

= drugs used to treat depression, anxiety disorders, obsessive-compulsive disorders, and posttraumatic stress disorder. (Several widely used antidepressants are selective serotonin reuptake inhibitors – SSRIs.)
Electroconvulsive Therapy (ECT)

= a biomedical therapy for severely depressed patients in which a brief electric current is sent through the brain of an anesthetized patient.
Repetitive Transcranial Magnetic Stimulation (rTMS) = the application of repeated pulses of magnetic energy to the brain; used to stimulate or suppress brain activity.
Psychosurgery

= surgery that removes or destroys brain tissue in an effort to change behavior.
Lobotomy

= a now-rare psychosurgical procedure once used to calm uncontrollably emotional or violent patients. The procedure cut the nerves connecting the frontal lobes to the emotion-controlling centers of the inner brain.