



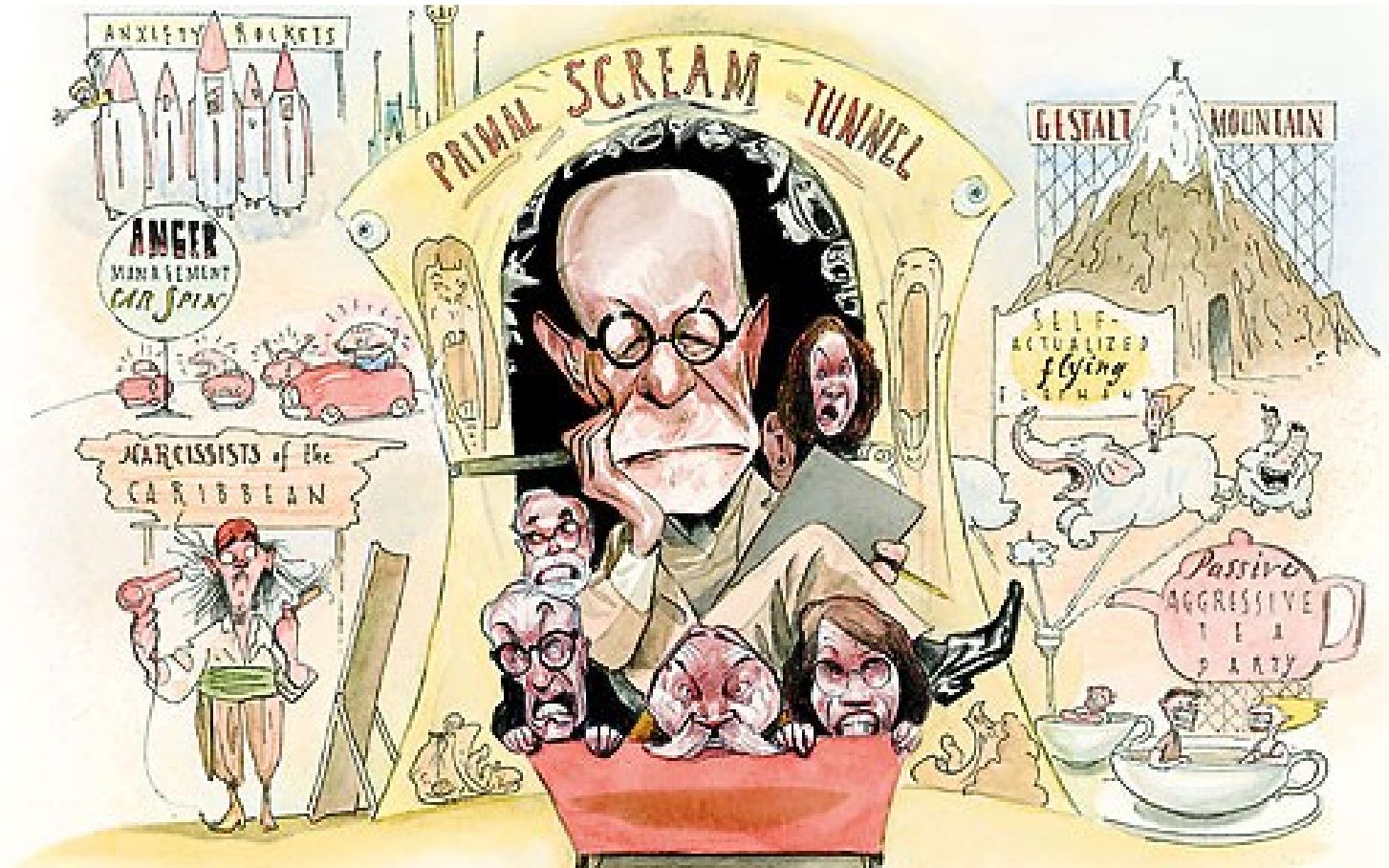
PSYCHOTHERAPY in PSYCHIATRY: an INTRODUCTION

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Psychotherapy on the Road to ... Where?

http://www.nytimes.com/2005/12/27/science/27ther.html?pagewanted=2&_r=0




What is psychotherapy?

- Interpersonal, relational intervention by trained therapist addressing mental health concerns
- range of techniques based on relationship building, dialogue, communication and behaviour change designed to improve the mental state of individual patient or group

What can psychotherapy do?

- It can enhance self acceptance, empower the patient to make life changes and help to learn how to respond to challenging situations with healthy coping skills.
- Goal: change = increase sense of well-being = one's ability to reduce discomfort



Who is a trained professional in psychotherapy?

In Czech Republic and in terms of the health care covered by health insurance companies, psychotherapy can be provided only by:

medical doctors (usually psychiatrists)
or clinical psychologists

Who is a trained professional in psychotherapy?

- Training programs in PST or shorter courses in PST techniques are open also to other than clinical professionals
- Psychotherapeutical methods are applicable in all helping professions
- Psychotherapy as a profession has not been embedded in Czech law yet and untrained persons are not tested for the competence
- anyone can call themselves a *“therapist!”*

Who is a trained professional in psychotherapy?

- To acquire the certificate means to attend compulsory self-experience training comprising at least 500 training hours plus a minimum of 150-200 psychotherapeutical practice under the supervision.
- The PST approach matters, too; all in all, the cost of the training makes several tens of thousands Czech crowns, which discourages many who may be interested
- This condition is one of the reasons for the lack of qualified professionals.

Ethical code in psychotherapy

- Ethical principles of psychotherapy are standardized and are very similar throughout the world



- Ethical principles:
 1. Responsibility
 2. Competence
 3. Moral and legal standards
 4. Confidentiality
 5. Welfare of the client
 6. Assessment techniques
 7. Professional relationships
 8. Public statements
 9. Research

Psychotherapy competencies required for basic training in psychiatry in Royal College of Psychiatrists

GENERAL

- Account for clinical phenomena in psychological terms
- Deploy advanced communication skills
- Display advanced emotional intelligence in dealings with patients and colleagues

SPECIFIC

- Refer appropriately for formal psychological therapies
- Jointly manage patients receiving psychotherapy
- Deliver basic psychotherapeutic treatments in at least two modalities

Most frequent indications for psychotherapy according to ICD-10

- MENTAL AND BEHAVIOURAL DISORDERS DUE TO PSYCHACTIVE SUBSTANCE ABUSE (F10-19)
- SCHIZOPHRENIA, SCHIZOTYPAL AND DELUSIONAL DISORDERS (F20-29)
- MOOD (AFFECTIVE) DISORDERS (F30-39)
- NEUROTIC, STRESS-RELATED AND SOMATOFORM DISORDERS (F40-48) AND DISORDERS OF ADULT PERSONALITY AND BEHAVIOUR (F60-69)

Psychotherapeutical approaches

- Psychodynamic (psychoanalytic,...)
- Behavioral
- Cognitive Behavioural (CBT, DBT,...)
- Eclectic a integrative approach
- Family therapy
- Group therapy

Characteristics common for all psychotherapies

- based on rationale or conceptual structure that is used to understand the patient problem
- use of the specific procedure in the relationship that is linked to rationale
- structure relationship
- expectation of improvement

Psychoanalysis

- basic concept includes stages of
- **psychosexual development** (oral, anal, phallic)
- **the structures of conscious and unconscious thoughts** (primary versus secondary process thinking)
- **the structures of drive and motivation** (id, ego, superego)

Psychodynamic psychotherapy

- concepts are embodied in psychoanalytic theory (it does not involve rigidly defined techniques that characterized classical psychoanalysis)

Psychodynamic psychotherapy

- based on the idea of self exploration and self understanding which open up the possibilities for change in personality and behaviour
- treatment of: **personality disorder, sexual dysfunction, somatoform , anxiety disorders, mild depression**

Types of psychodynamic psychotherapy

- supportive psychotherapy - lessening of anxiety through reassurance, advice, modifications of social factor (it helps patients to get through difficult situations), it is incorporated into any of the other types of PT
- short term psychotherapy

Psychodynamic approach- core assumptions

1. Psychological causation
2. Early childhood experiences/early interactions between children and their parents determine personality development
3. Conflict between opposing psychological forces is an inevitable aspect of human development.
4. Motives behind behavior are unconscious/hidden because our conscious minds find them unacceptable. We develop different defense mechanisms to keep them out of consciousness.

Psychodynamic approach- core assumptions

- 5. Critical feature of effective psychotherapy is the establishment and development of a relationship between the patient and therapist.
- 6. Psychological defenses
- 7. Emphasis on the therapeutical relationship

Concepts and techniques

- Transference:
 - the developing relationship between the patient and therapist
 - patient responds to the therapist as he did toward significant individuals in his childhood (usually his parents)
 - primary means for therapeutic change
 - Developing and working through the transference relationship is the most basic and important element of psychoanalytic therapy.
- Countertransference
- Resistance

Concepts and techniques

- Free association
- Interpretation
- Dream interpretation
- Insight

Defense mechanisms

- Everyone uses them
- They are usually identified as **more mature, neurotic or less mature**
- Under stress, people tend to use less mature defense mechanisms

Mature defense mechanisms

- **Altruism:** deal with stress or conflict through dedication to meeting other's needs
- **Anticipation:** anticipate possible adverse events and prepare for them
- **Humor:** deal with stress by seeing irony
- **Sublimation:** channel potentially maladaptive impulses into socially acceptable behavior
- **Suppression:** avoid thinking about stressor
- **Affiliation:** turn to others for support

Neurotic defense mechanisms

- **Displacement:** transfer negative feelings about one object to another
- **Externalization:** blame problems on another
- **Intellectualization:** rely excessively on details to maintain distance from painful emotions
- **Repression:** expel disturbing thoughts from consciousness
- **Reaction formation:** do opposite of what you feel

Primitive defense mechanisms

- **Denial:** refuse to acknowledge aspect of reality
- **Autistic fantasy:** excessive day-dreaming
- **Passive-aggressive:** indirectly express aggressive feelings towards others
- **Acting out:** engage in inappropriate behavior without consideration of consequences
- **Splitting:** compartmentalize opposite affective states
- **Projection:** falsely attribute unacceptable feelings to another
- **Projective identification:** falsely attribute to a second individual who in turn projects back to patient

Defense and diagnosis - examples

- **OCD** – isolation, undoing and reaction formation; ambivalence in relations, anxiety about aggression, magical thinking
- **Anxiety disorder** – anxiety signals unsuccessful defense; agoraphobia: fear of abandonment, panic disorder – often associated with loss
- **Alcohol dependency** - associated with harsh punitive superego; alcohol acts as a “superego solvent”

Cognitive behavioral therapy (CBT)

- Derives from cognitive and behavioral psychological models of human behavior including theories of normal and abnormal development and theories of emotion and psychopathology.
- Utilizes the **cognitive model**, **operant conditioning** and **classical conditioning** to conceptualize and treat a patient's problems.

Cognitive behavioral therapy

- successfully established its evidence base
- used in a wide range mental health problems: depression, anxiety disorders, bulimia, anger management, adjustment to physical health problems, phobias, chronic pain.

Cognitive therapy

- aim : to abolish negative thoughts which allow symptoms to persist
- our moods and feelings are influenced by our thoughts and the psychological disturbances are caused by habitual errors in thinking. By correcting these distorted ways of thinking, therapist restructures patients' views of themselves

Cognitive therapy

- three major cognitive patterns observed in depression (by Beck)
 - - a negative view of oneself
 - - a negative interpretation of experience
 - - a negative view of future
- the goal : to indentify and restructure those negative schemas (that shape perception)

Group therapy

- Carefully selected participants meet in group guided by trained leader
- Participants get immediate feedback
- Patients may also have GT outside individual therapy
- Self-help groups enable members to give up patterns unwanted behavior
- The most prevalent method with a broad indication
- It is a first choice method in: **neurotic and anxious disorders and personality disorders**
- As a supportive method, it is used in: **affective disorders, psychoses and in persons with serious somatic illness**

Towards resolving dichotomy

Long/standing dichotomy in psychiatry:

- Psychological x physical approaches to treatment
- Anatomical/objective brain x “subjective” brain/mind

Recent developments in genetics and especially in neuroscience allow to evidence neuroscientific/ neurobiological basis of complex mental processes like psychological defences, or the impact of relational trauma in infancy (Mizen, in Puri, 2010)

Psychotherapy affects brain activity

- Psychotherapy-related changes in brain activity are strikingly similar within patients who share the same psychiatric diagnosis.
- Psychotherapy and pharmacotherapy achieve similar efficacy and are associated with overlapping but not identical changes in brain-imaging profiles

Roffman J. et al. Neuroimaging and functional neuroanatomy of psychotherapy. *Psychological med* 2005 35:1385-1398

Eric Kandel's new intellectual framework for psychiatry

- 1. All mental processes derive from the operations of the brain
- 2. Genes and their protein products determine the neuron network in the brain which then enters into control of behaviour
- 3. Nurture (behavioral and social factors) becomes nature
- 4. Learning changes neural connections
- 5. *Psychotherapy may bring long-term changes in behaviour through learning, changing gene expression, altering the strength of synaptic connections and bringing about structural changes. (Mizen, in Puri, 2010)*

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