

PSYCHOTHERAPY

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Counseling and Psychotherapy

- Therapy initially focused on serious internal conflicts.
- Counseling deals with wellness, personal growth, career, and pathological concerns.
- Counseling is conducted with persons who are considered to be functioning well and those who are having more serious problems.

Professional aspects

- Levels of Helping
 - Nonprofessional helpers
 - Friends, colleagues, untrained volunteers, or supervisors
 - Various degrees of wisdom and skills
 - No specific educational requirements, level of helping varies
 - Generalist human services workers
 - Have some formal training in human relations skills but work as part of a team
 - Mental health technicians, child care workers, probation personnel, and youth counselors
 - Professional helpers
 - Educated to provide assistance on both a preventive and a remedial level
 - Counselors, psychologists, psychiatrists, social workers, psychiatric nurses, and marriage and family therapists
 - Have specialized advanced degrees and have had supervised internships

Motivation ?????

- Emotional distress – unresolved emotional traumas
- Vicarious coping – living life through your clients or others rather than having meaningful relationships yourself
- Loneliness and isolation – seek friendships through counseling others
- A desire for power – seek to control others who feel powerless in their own lives
- A need for love – individuals who are self-absorbed and believe problems are resolved through love and tenderness alone: They think they can give these to the client.

Positive reasons for entering counseling

- Feel it's a "calling"
- Curiosity and inquisitiveness – a natural interest in people
- Ability to listen
- Comfort with conversation
- Empathy and understanding
- Emotional insightfulness – comfort dealing with a wide range of feelings, from anger to joy
- Introspection – the ability to self-exam one's feelings and thoughts
- Ability to set aside personal needs to listen and take care of others' needs
- Tolerance of intimacy – the ability to sustain emotional closeness
- Comfort with power – the acceptance of power with a certain degree of detachment
- Ability to laugh – the capability of seeing the humor in life's situations and the ability to teach others to see humor

Personal characteristics

- Personality of psychotherapist is as or more important than mastery of skills or techniques (Rogers, 1961)
- Sensitivity to self and others – monitoring their own biases, listen, ask for clarification, and explore cultural differences
- Appropriate use of themselves as instruments. They are able to be spontaneous, creative, and empathetic.

Wounded healer

- Rollo May
- An individual who has resolved emotional experience that has made a person sensitive to him/herself and to others in a helpful way. Therefore, these individuals can be empathetic to others.

Attribution and Systematic Framework

- Four main attribution models
 - Medical Model
 - Moral Model
 - Compensatory Model
 - Enlightenment Model

Medical model

- Client is not held responsible for the cause or solution of their problem.
- Counselors of the model are usually experts and provide the necessary services for change.
- Client may become dependent on counselor.

Moral model

- An opposite of the medical model.
- Client is seen as responsible for causing and solving his/her problem.
- Counselors are coaches or Facilitators.
- Victims may be held responsible for their own victimization.

Compensatory model

- Client is not responsible for the cause of the problem, only for the solution.
- Counselor and clients are partners to overcome problem.
- Counselor acts as a teacher who educates, provides skills and opportunities for client to change.
- Clients may feel pressure to continually solve problems not created by them.

Enlightenment Model

- Client is responsible for the cause but not for the solution.
- Clients need enlightenment about their problem and ways to resolve these problems.
- Counselors provide the solution.
- Client may become dependent on counselor.

Wellness model

- Based on the idea of developmental growth at different stages of life.
- Wellness emphasizes the positive nature and health of clients. Individuals are seen as capable in solving their own problems. Children at-risk even show resilience and may become coping adults.

Medical model

- Treatment is based on the Diagnostic and Statistical Manual of Mental Disorders (DSM-V) by the American Psychiatric Association
- It is compatible with the International Classification of Diseases manual (ICD-10), published by the World Health Organization, in codifying psychiatric disorders.
- The DSM contains five axes to describe client diagnoses:
 - Axis I: "clinical syndromes and other conditions" (Hinkle, 1994, p. 38) (i.e., alcohol abuse)
 - Axis II: contains diagnostic information only on personality disorders and mental limitations (i.e., mild mental retardation).
 - Axis III: describes information about general medical conditions of the client, such as chronic pain.
 - Axis IV: contains information on psychosocial and environmental problems that may affect the diagnosis, treatment, and prognosis of mental disorders, such as lack of friends and inadequate housing.
 - Axis V: gives a Global Assessment of Relational functioning (GARG) for the client on a scale from 0 to 100. The higher the number the better the level of functioning.

Psychotherapy theories

1. Psychodynamic approaches
2. Experiential and relationship-oriented therapies
3. Cognitive behavioral (or action-oriented) approaches
4. Systems perspective
5. Postmodern approaches

The Therapeutic Relationship

- The therapeutic relationship is an important component of effective counseling
- The therapist as a person is a key part of the effectiveness of therapeutic treatments
- Research shows that both the therapy relationship and the therapy used contribute to treatment outcome

Building a therapeutic relationship

Therapeutic relationship

- Friendship has other goals besides helping, such as mutual affection and play
- Professional helping is a contractual relationship in which a helper and a client agree on goals.
- Professional helping involves interviewing, counseling and psychotherapy.

Therapeutic factors

- The strong therapeutic relationship between client and helper
- The enhancement of client's self-efficacy and self-esteem
- Providing opportunity to practice new behaviors
- Decreasing and increasing emotional arousal
- Method that activate client's expectations, motivation, and hope
- Provision new learning experiences.

Factors that Influence the Counseling Process

- **Seriousness of the Presenting Problem**
- **Structure**
- **Initiative**
- **Physical Setting**
- **Client Qualities**
- **Counselor Qualities**

Presenting problems

- Clients who **report higher distress** take more sessions to reach improvement than those reporting lower distress.
- Talk therapy alone is **least likely** to bring about improvement with individuals who have conditions such as **schizophrenia**.
- Clients who are in **better shape** at the beginning of treatment seem to **improve the most, in the least amount of time**, and with the best long term results.

Structure

- An understanding between the client and counselor about what is going to occur in counseling.
- A framework
- Time limits, action limits, role limits, procedural limits, and fee schedules.
- Especially important at the beginning of the counseling process.

A motivation to change

- Important !!!!!!!!!!!!!!!
- Voluntarily + self referred
- Difficult clients – role reversal
- Referred by a third party

A motivation to change

- How to help?
 - Don't be surprised by resistance.
 - Anticipate anger, frustration, and defensiveness.
 - Show acceptance, patience, and understanding, along with a nonjudgmental attitude. Promotes trust.
 - Use persuasion.

Physical setting

□ Place

- Noisy?
- Soft lighting?
- Distracting?
- Clean colors?
- Cultural diversity?



Physical setting

□ Proximity

- Comfort level is influenced by cultural background, gender, and nature of the relationship



Therapist Qualities

- Self-awareness – can help them be honest with themselves; in touch with their values, thoughts, and feelings; more likely to communicate clearly
- Honesty
- Congruence
- Ability to communicate
- Knowledge

□ Client Qualities

- First impressions stick and are vital to the establishment of a productive relationship.
- Most successful clients for traditional approaches tend to be YAVIS: young, attractive, verbal, intelligent, and successful (Schofield, 1964).
- Less successful candidates are HOUNDS (homely, old, unintelligent, nonverbal, and disadvantaged) or DUDs (dumb, unintelligent, and disadvantaged).

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PSYCHOANALYTIC THERAPY

The Structure of Personality

- **THE ID** —The Demanding Child
 - ▣ Ruled by the pleasure principle
- **THE EGO** —The Traffic Cop
 - ▣ Ruled by the reality principle
- **THE SUPEREGO** —The Judge
 - ▣ Ruled by the moral principle

Conscious and Unconscious



The Therapeutic Process

- The goal is to make the unconscious conscious and strengthen the ego so that behavior is based more on reality and less on instinctual cravings or irrational guilt
- Analysts help clients to achieve insight into their problems, increase their awareness of ways to change, and thus gain more control over their lives
- Pushing the client too rapidly will render the process ineffective

Psychoanalytic Phenomena

- **Transference** occurs when the client reacts to the therapist as he or she did to an earlier significant other
- **Countertransference** is the reaction of the therapist toward the client that may interfere with objectivity
- **Resistance** is anything that works against the progress of therapy and prevents the production of unconscious material

Psychoanalytic Techniques

- **Maintaining the Analytic Framework**
 - ▣ Therapist uses a range of procedural and stylistic factors (e.g., the analyst's relative anonymity, the regularity and consistency of meetings)
- **Analysis of resistance**
 - ▣ Therapist helps clients become aware of the reasons for their resistance so that they can deal with them.
- **Analysis of transference**
 - ▣ Therapist uses this technique as a route to elucidating the client's intrapsychic life

Psychoanalytic Techniques

- **Free Association**
 - ▣ Client reports immediately without censoring any feelings or thoughts
- **Interpretation**
 - ▣ Therapist points out, explains, and teaches the meanings of whatever is revealed
- **Dream Analysis**
 - ▣ Therapist uses the "royal road to the unconscious" to bring unconscious material to light

Person-Centered Therapy

View of Human Nature

- At their core, humans are trustworthy and positive
- Humans are capable of making changes and living productive, effective lives
- Humans innately gravitate toward self-actualization
- Given the right growth-fostering conditions, individuals strive to move forward and fulfill their creative nature

Person-Centered Therapy

- **Emphasize:**
 - Therapy as a journey shared by two fallible people
 - The person's innate striving for self-actualization
 - The personal characteristics of the therapist and the quality of the therapeutic relationship
 - The counselor's creation of a "growth-promoting" climate
 - People are capable of self-directed growth if involved in a therapeutic relationship

Growth-Promoting Climate

- **Congruence:** Genuineness or realness
- **Unconditional positive regard:** Acceptance and caring
- **Accurate empathic understanding:** The ability to deeply grasp the subjective world of another person

The Therapist

- Focuses on the quality of the therapeutic relationship
- Does not find traditional assessment and diagnosis to be useful
- Provides a supportive therapeutic environment in which the client is the agent of change and healing
- Serves as a model of a human being struggling toward greater realness

The Therapist

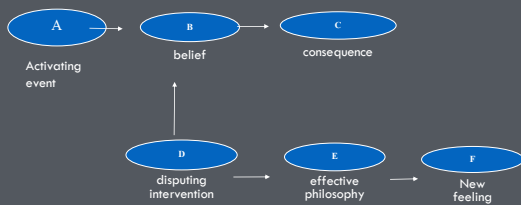
- Is genuine, integrated, and authentic, without a false front
- Can openly express feelings and attitudes that are present in the relationship with the client
- Is invested in developing his or her own life experiences to deepen self-knowledge and move toward self-actualization

Rational Emotive Behavioral Therapy

Rational Emotive Behavioral Therapy

- Stresses thinking, judging, deciding, analyzing, and doing
- Assumes that cognitions, emotions, and behaviors interact and have a reciprocal cause-and-effect relationship
- Is highly didactic, very directive, and concerned as much with thinking as with feeling
- Teaches that our emotions stem mainly from our beliefs, evaluations, interpretations, and reactions to life situations

The A-B-C Theory of Personality



Rational Emotive Behavior Therapy

- Albert Ellis
- Rational Belief
- Irrational Belief



Irrational Ideas

- Irrational ideas lead to self-defeating behavior
- Some examples:
 - "I must have love or approval from all the significant people in my life."
 - "I must perform important tasks competently and perfectly."
 - "If I don't get what I want, it's terrible, and I can't stand it."

Therapeutic Techniques

- Therapists practicing REBT use the following techniques:
 - Disputing irrational beliefs
 - Doing cognitive homework
 - Bibliotherapy
 - Changing one's language
 - Psychoeducational methods

Therapeutic Techniques

- Therapists practicing REBT use the following techniques:
 - Rational emotive imagery
 - Using humor
 - Role playing
 - Shame-attacking exercises
 - Standard behavior therapy procedures

Postmodern Approaches SBFT

Solution-Focused Brief Therapy

- Therapy grounded on a positive orientation-- people are healthy and competent
- SFBT shares similarities with positive psychology
- Past is downplayed, while present and future are highlighted
- Therapy is concerned with looking for what is working

Solution-Focused Brief Therapy

- Therapists assist clients in finding exceptions to their problems
- There is a shift from “problem-orientation” to “solution-focus”
- Emphasis is on constructing solutions rather than problem solving

Basic Assumptions of SFBT

- The problem itself may not be relevant to finding effective solutions
- People can create their own solutions
- Small changes lead to large changes

Basic Assumptions of SFBT

- The client is the expert on his or her own life
- The best therapy involves a collaborative partnership
- A therapist’s “not knowing” affords the client an opportunity to construct a solution

Techniques Used in SFBT

- **Pre-therapy change**
 - (What have you done since you made the appointment that has made a difference in your problem?)

- **Exception questions**
 - (Direct clients to times in their lives when the problem did not exist)

Techniques Used in SFBT

- **Miracle question**
 - (If a miracle happened and the problem you have was solved while you were asleep, what would be different in your life?)

- **Scaling questions**
 - (On a scale of zero to 10, where zero is the worst you have been and 10 represents the problem being solved, where are you with respect to _____?)

INITIAL INTERVIEW

Information-Oriented First Interview

Information oriented interview

- Initial interview can have two functions :
 - Intake interview to collect information
 - Beginning of a relationship
- Information gathering Includes probes, accents, closed questions, open questions, and requests for clarification.
 - Probe – a question that begins with who, what, where, or how. Requires more than a one- or two-word response. Avoid why questions – denotes judgment.
 - Accents – highlights last words of the client.
 - Closed question – requires a yes or no answer – is, do, or are questions.
 - Open questions – begin with what, how, and could. Encourages the client to talk more.
 - Request for clarification – asks the client to repeat or elaborate on information. Makes sure the counselor understands what the client has shared.

Collect information

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Relationship-Oriented First Interview

Relationship-Oriented First Interview

- Focus on feelings or relationship dynamics. Concentrate on client's attitudes and emotions.
- Counselor responses include: restatement, reflection of feeling, summary of feelings, request for clarification, and acknowledgment of nonverbal behavior.
 - Restatement – a mirror response to what the client has said. Also known as active listening.
 - Reflection of feeling – deals with verbal and nonverbal expression by stating what the client is feeling at a given moment or outburst.
 - Summary of feelings – paraphrasing several feelings expressed by the client.
 - Acknowledgment of nonverbal behavior – does not interpret the meaning of the behavior. It simply acknowledges the occurrence of the behavior.

Therapeutic Building Blocks

- Invitation skills
- Reflecting skills
- Advance reflecting skills
- Challenging skills
- Goal setting skills
- Solution skills

Skills focused

