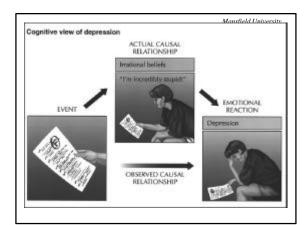
Mansfield University **PSYCHOTHERAPY** Introductory Psychology * Treatment of mental illness prior to structured psychotherapy * Freud, Joseph Breuer * Anna O. ■ glove anesthesia (what kind of disorder is this?) * The "Talking Cure" * Psychoanalysis systematic approach to "neurosis" designed to bring insight into the patients unconscious conflict behind the neurosis. Mansfield University **PSYCHOTHERAPY** Introductory Psychology * INSIGHT ORIENTED THERAPIES therapy intended to enhance clients self knowledge and thus promote healthful changes in personality and behavior. * <u>Psychoanalysis</u>- techniques to tap the unconscious ➡free association & dream analysis (royal road) * Client Centered Therapy (Carl Rogers) disorder caused by differences between one selfconcept and reality (ideal self and reality) Harvey Impostor Scale Slide 2 Mansfield University **PSYCHOTHERAPY**

* Client centered psychotherapy (cont)

- memphasis on creating a supportive emotional climate (safe to be real)--promotion of natural growth tendency
- * 3 critical therapeutic variables:
 - **≠**genuineness,
 - empathy,
 - **⇒**unconditional positive regard
- * Cognitive Therapy (Aaron Beck)
 - mental disorder (particularly depression) is caused by "errors in thinking" (overhead)

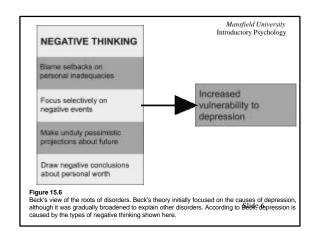


PSYCHOTHERAPY

Mansfield University Introductory Psychology

- * Cognitive Therapy (cont)
- * Common errors in the thinking of depressed patients
- → blame setbacks on personal inadequacies without considering the situation. (what kind of attribution is this?)
- Focus selectively on negative, ignore the positive.
- **→** pessimistic about future.
- negative conclusions about personal worth based on insignificant events.
- ► Other "cognitive errors" on pg.. 425

Slide 5



PSYCHOTHERAPY

Mansfield University Introductory Psychology

* BEHAVIORAL THERAPIES

- application of principles of learning(watson, pavlov, skinner) to change clients maladaptive behavior
- **★** mental disorder = maladaptive behavior which was learned in past, thus can be "unlearned"
- * Aversion Therapy (overhead)- unwanted behavior is paired with an aversive stimulus which elicits an undesirable response.
 - result: unwanted behavior associated with undesirable response, reducing unwanted behavior.

Mansfield University Introductory Psychology

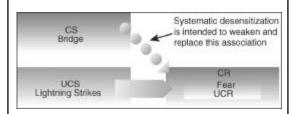


Figure 15.7
The logic underlying systematic desensitization. Behaviorists argue that many phobic responses are acquired through classical conditioning, as in the example diagrammed heli systematic desensitization targets the conditioned associations between phobic stimuli and fear responses.

PSYCHOTHERAPY

Mansfield University

- * Behavioral Therapies (cont)
- * Social Skills Training
- **►** modeling- observation of "skilled others"
- ► behavioral rehearsal- practicing appropriate responses
- ► shaping- stepwise way of working way up to progressive difficult goal, accepting feedback and making minor behavioral changes at each step.
- * Systematic Desensitization (phobias)- slowly desensitizing patient to an anxiety provoking stimulus (dulling response) while strengthening relaxation skills. (overhead)(demonstration)

Mansfield University Introductory Psychology CR Figure 15.9
Aversion therapy. Aversion therapy uses classical conditioning to create an aversion to a stimulus that has elicited problematic behavior. For example, in the treatment of the treatment of the problems, alcohol may be paired with a nausea-inducing drug to create an aversion to drinking.

PSYCHOTHERAPY

Mansfield University Introductory Psychology

- * Biomedical Therapies
 - mental disorders can be controlled, moderated by attending to imbalanced physiological mechanisms
- * Anti-anxiety
 - ►valium, xanax, buspar
- * Anti-depressives
- ► MAO inhibitors- Nardil
- ► Selective Seratonin Reuptake Inhibitors
 - ◆ Prozac, Paxil, Zoloft
- * Bi-Polar Disorders-- Lithium

Slide 11

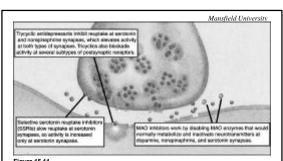
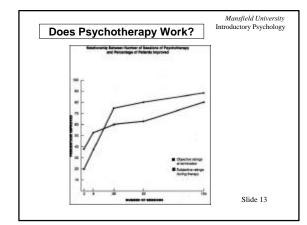


Figure 15.11

Antidepressant drugs' mechanisms of action. The three types of antidepressant drugs all increase activity at serotonin synapses, which is probably the principal basis for their therapeutic effects. However, they increase serotonin activity in different ways, with different spillover effects (Marangell et al. 1999). Tricyclics and MAO inhibitors have effects at a much greater variety of synapses, which presumably explains why they have morestike-effects. The more recently developed SSRIs are much more specific in targeting serotonin synapses.



PSYCHOTHERAPY

Mansfield University Introductory Psychology

- * Choosing a Therapist. . .
- ➡ sense of warmth and sincere concern.
- ► empathy- can he/she understand your point of view.
- **⇒** self-confidence.
- **→** do you like them?

Slide 14