Announcements

- Chapter 13 Aplia due tonight
- Final Exam is May 14, 3:30 pm
- Enhanced Grade-query Tool+
  - Now includes Grade Estimator Tool™
  - Will have updates with Aplia and Attendance later this week
- Review session Monday, 6 pm, in Cesar Chavez room 104
- Note instructor office hours on Monday are earlier (2:30 pm)
Last Day!
Psychological Treatments
I. Overview

- View of Psychopathology Determines Treatment
- Does Psychotherapy Work?
80% of untreated people have poorer outcomes than the average treated person.
I. Overview

- View of Psychopathology Determines Treatment
- Does Psychotherapy Work?
- Just because treatment works does not mean the cause of disorder has been remedied
  - e.g., Placebo responses vs pills
II. Approaches vary

A. What to expect as a consumer of psychotherapy
   1) Short-term Vs.. long-term therapies
   2) “Schools” of therapy: today we’ll discuss three
   3) Eclectic Psychotherapists
   4) Changing trends: Time-limited interventions
III. Types of psychotherapy

A. Insight-oriented
   1) Psychoanalytic/psychodynamic
   2) Client Centered/Rogerian
   3) Existential

B. Behavior-oriented

C. Cog-behavioral

D. Individual Vs. Group therapy (or family therapy)

E. Eclectic
IV. Psychoanalytic (& Insight-oriented)

A. Techniques

1. free association
2. dreamwork
3. interpretations
4. transference (pos. & neg.)
5. abreaction or catharsis (re-experiencing suppressed emotions)
6. insight (gradual understanding of what feelings are & why feel those ways, based on past experiences.)
7. working through (building big picture; know main patterns are)
You say, “Off with her head,”
but what I’m hearing is, “I feel neglected”
IV. Psychoanalytic (& Insight-oriented)

A. Techniques

1. free association
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7. working through (building big picture; know main patterns are)
Psychoanalytic (& Insight-oriented)

B. Goals:
   1. Make the Unconscious Conscious
   2. Create long-lasting change

Vignette #1

C. Commentary on 1st vignette
V. Behavior Therapy

A. Approaches
   1. Classical/Associative
   2. Operant Approaches

B. Applications
   1. Simple phobias
   2. Obsessive-compulsive disorder
Review: Avoidance learning (Phobias) as combination of CC and OC

A. CC: Generalization & Extinction in Simple Phobias

B. OC: Avoiding the dogs is reinforcing; negative r xf x
Classical Conditioning of Phobias

Conditioned Stimulus (CS)  Conditioned Response (CR)
Dog  Fear!!

UnConditioned Stimulus (UCS)  UnConditioned Response (UCR)
Bite  Fear!
Sight or thought of dog creates aversive state. (Classical)

Escape or avoidance of the dog reduces or eliminates the aversive state = negative reinforcement (Operant)
Operant Reinforcement in OCD

Obsession creates discomfort

Engaging in compulsion reduces or eliminates the discomfort = negative reinforcement (Operant)
V. Behavior Therapy

A. Approaches
   1. Classical/Associative
   2. Operant Approaches

B. Applications
   1. Simple phobias
   2. Obsessive-compulsive disorder

Vignette #2

C. Commentary and summary of behavioral approaches
VI. Cognitive Therapy

A. Relatively short-term
   1. discover the link between mood, cognitions, and behavior
   2. identifies distorted cognitions (learning)
   3. works to alter them (unlearning)

B. Progression of therapy
   1. Identify distorted cognitions
   2. Challenge automatic thoughts
   3. Replace with rational response
VI. Cognitive Therapy

A. Relatively short-term
   1. discover the link between mood, cognitions, and behavior
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B. Progression of therapy
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   3. Replace with rational response
VI. Cognitive Therapy

Vignette #3

Commentary
VII. Drug Therapy

A. Classes of medications

1. Antipsychotics
   a. Phenothiazines
   b. Atypical antipsychotics

2. Antidepressants
   a. Tricyclics
   b. SSRIs

3. Anti-anxiety agents

B. For many conditions (e.g. Depression, Anxiety), medications and psychotherapy have comparable effectiveness
VIII. Other biological approaches

Deep Brain Stimulation
Electro Shock Therapy
Noninvasive transcranial stimulation
VII. Summary of Psychotherapy

A. All can be effective; all can be not so effective

B. Utility depends upon
   1. Client motivation
   2. Therapist factors
   3. Nature of problem
Epilogue

- Behavior and experience are multiply-determined
- Any mono-causal theory of behavior or experience is inevitably WRONG.
- Can never specify precisely for any given individual how much nature and nurture contribute
- Experience-dependent neural plasticity is always at play, whether you want it to or not!
- We are each individuals, the unique product of our endowment and experience, and undoubtedly just a little caprice