

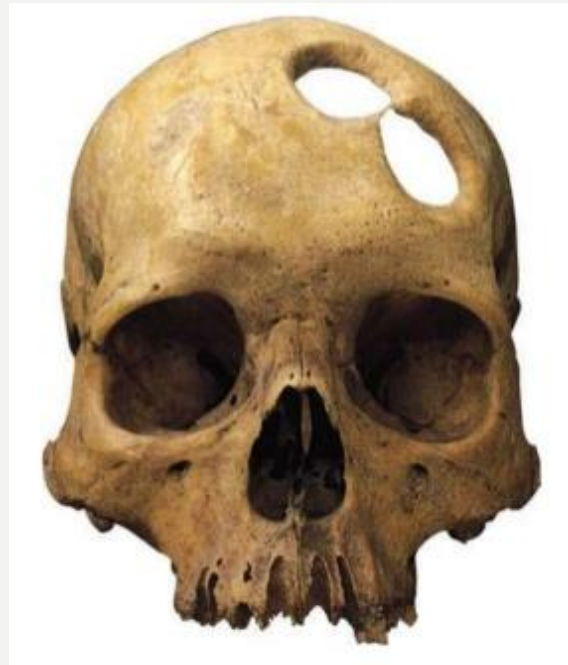


# **TREATMENT PERSPECTIVES**

**PAST AND PRESENT**

# THE MIDDLE AGES

- Some methods for dealing with people who were mentally ill were based on the idea that they were possessed by evil spirits
  - these needed to be beaten out of people
  - or bled out
  - or let out through holes drilled in the skull



# BETHLEHEM 1357 TO 1700S

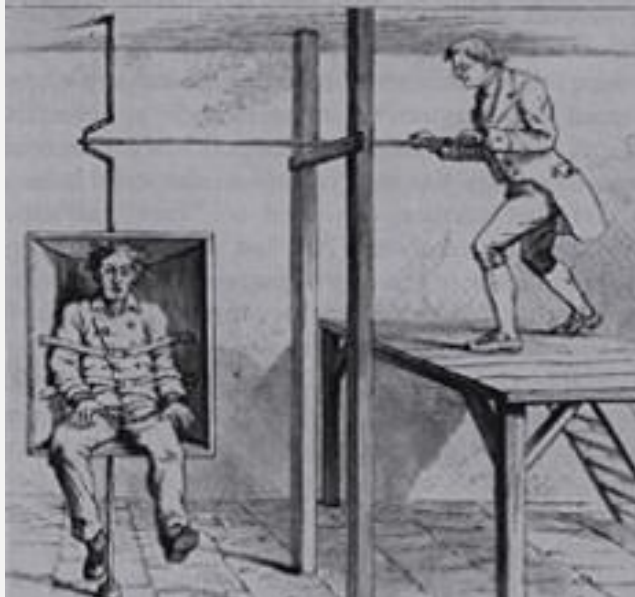
- This is, historically the most famous hospital in England for the mentally ill
- Those who became patients were usually the poor and marginalised - sometimes believed to be dangerous - often lacking friends or family to support them.
- The hospital regime was a mixture of punishment and religious devotion - chains, manacles, locks and stocks appear in the hospital inventory from this period.
  - The shock of physical punishment was believed to cure some conditions
  - isolation was thought to help a person 'come to their senses'.



Upper class men and women in the 1700s were known to pack a picnic and go to the grounds for entertainment, viewing patients much like they would animals at a zoo.

# SOME MORE MISGUIDED IDEAS...

- understanding of mental illness was very limited
  - treatments were barbaric & based on a lack of knowledge
  - the mentally ill were tortured, exorcised, kept in prison and or killed
- One treatment in the 1800s and early 1900s included wrapping patients in wet sheets, then laying them out bundled.



# CONTEMPORARY PSYCHOLOGY

- As the field of Psychology emerged and we gained understanding about human behaviour and mental illness, treatment of the mentally ill changed
- Today treatments tend to involve a combination of individual or group psychotherapy (therapy) and possibly drug treatment.
- The type of treatment used is often dependent on the type of disorder and the possible causes of that specific disorder.
  - For example, if the cause is determined to be chemical than the treatment is often chemical or drug related.



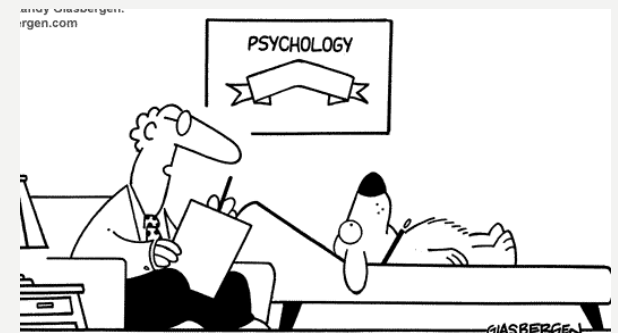
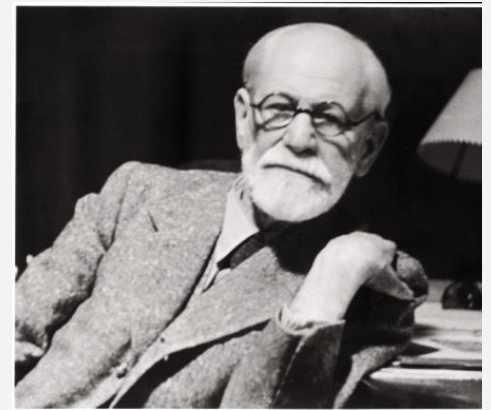
Antipsychotic medications



Antidepressant medications

# PSYCHOANALYSIS

- Psychoanalysis was the first formal type of psychotherapy used. It was introduced by Sigmund Freud in the late 1800s.
- Freud believed that disorders were rooted in childhood experiences that stayed with the client as unresolved, unconscious conflicts (possibly of a sexual or violent nature). The unresolved conflict causes abnormal behaviours.
- The goals of psychoanalysis are to uncover the repressed memories or conflicts so that the client can resolve the struggle and move on with their life.



"Your mother never read to you and your father never hugged you. That's why you drink from the toilet."

# PSYCHOANALYTIC METHODS

- Free Association
  - The client is encouraged to talk about anything and everything and the analyst looks for patterns and underlying information that might give clues to the conflicts.
  - Streams of consciousness – word associations are used to see what is really on the person's mind.
- Resistance
  - Look at what the client avoids thinking about or talking about. If the client resists there must be a reason. These are looked at more closely.



# PSYCHOANALYTIC METHODS

- Dream Analysis
  - Dreams are analysed to see if they are symbolic representations of conflicts or concerns.
  - Dreams can convey hidden meanings and repressed thoughts, memories and emotions.
- Transference
  - Client at some point in therapy begins to transfer feelings that they have with a person that they have an unresolved situation with to their relationship with their therapist. These need to be acknowledged and explored.



"Let's talk about this new obsession."



# COGNITIVE THERAPIES

- Assumes that maladaptive behaviours are the result of irrational thoughts and beliefs or poor self concepts.
- The goal of these therapies are to change the way a person thinks and thus change the maladaptive behaviour.

## Rational Emotive Therapy

- RET is confrontational therapy that challenges the client's irrational beliefs.
  - If the client's belief is irrational the resulting consequence can also be distressing or negative.
  - Change the belief, change the outcome to something more manageable and realistic.

## Overcoming Negative Thinking

- Clients encouraged to recognize problematic 'automatic thinking' and replace that type of thinking with more helpful thoughts.



# BIOLOGICAL THERAPIES

- This perspective views the client as a patient who has a biologically based illness that needs to be treated.
- The goals of biological therapies are to eliminate or control biological cause of behaviour and restore balance of neurotransmitters.

## Drug Therapy

- Anti psychotic drugs or major tranquillizers are used to treat schizophrenia, psychotic and personality disorders.
- Anti depressant drugs are used to treat anxiety disorders and mood disorders.
- Lithium is often used for bipolar disorder (a mood disorder)
- drawbacks— side effects, slow acting, relapse if you stop using



Antipsychotic medications



Antidepressant medications

# BIOLOGICAL THERAPIES

## ECT

- Electric shock is sometimes used to treat severe depression.
  - One or two electrodes are placed on the client's head and a mild electric current is passed through the brain. Patients lose consciousness for 30-60 seconds and seizure which is necessary for the effect to occur.
  - temporary help by changing the biochemical balance in the brain



## Psychosurgery

- Lobotomy – frontal lobes of brain are severed (used in past 10s of thousands from 1935-1955) negative side effects deterred use.
- Cingulotomy - Electrodes used to destroy small bundle of nerves connecting to the emotions centres of the brain has helped some clients with obsessive compulsive disorder.

# BEHAVIOUR THERAPY

- Associated to learning theory that says we learn our maladaptive behaviours or we lacked the opportunity to learn adaptive behaviours in the first place. Includes learning from classical conditioning, operant conditioning or observational learning.
- The goals of this type of therapy are to replace negative behaviours with more desired behaviours.

## Behaviour Modification

- Based on operant conditioning, the client is rewarded for positive desired behaviours. Negative behaviours are ignored..
- Some use Tokens like stars or play money that can be cashed in for other rewards.
- Some use Time outs to eliminate negative behaviours.
- Some use Stimulus satiation is giving people too much of what they want to the point of it losing its attraction.



# BEHAVIOUR THERAPY

## Observational Learning

- Clients watch other people behaving in a certain way (that they fear) while the model is experiencing positive outcomes.



## Classical Conditioning

- Desensitization is used to teach the client new responses to stimulus that has produced negative responses. This is often used for phobias or to overcome fears. The client is slowly introduced to more and more threatening stimulus till they are able to deal with the stimulus that they are afraid of.
- Flooding is used by exposing the client to a feared object in large doses till their fear subsides.
- Aversion Therapy is used to discourage a negative behaviour. The client is exposed to the harmful behaviour and given negative painful stimulus at the same time. They are conditioned to dislike the negative activity.



# HUMANISTIC THERAPIES

- Humanistic therapies are based on a more optimistic picture of human nature and human potential. Individuals are viewed as unique and self-determining with the ability and freedom to lead rational lives and make rational choices. Humanistic therapists encourage personal growth and teach clients how to fulfil their potential and take responsibility for their behaviour and for what they become in life.

## Person centred therapy

- This type of therapy is based on Carl Rogers' beliefs that humans are innately good and if allowed to develop naturally, will grow toward self-actualization (reaching their potential). Some don't make it to self-actualization because they block their own progress when they act in ways that are inconsistent with their true self in order to gain the positive regard of others. The focus of the therapy therefore is on conscious thoughts and feelings. The therapist attempts to create a warm and accepting climate for the client where they can be free to be themselves. The client is the expert.



# HUMANISTIC THERAPIES

- The therapist must have unconditional positive regard for the client. This means they accept the client for who they are regardless of their behaviour, attitudes and feelings.
- The therapist's feelings must be genuine, not just a professional front.
- The therapist must show empathy to the client (understanding of the person's situation, feelings or emotions).
- The therapist practices active listening and reflects client's thoughts back to them so that they can see themselves more clearly and in a more positive light.

