

Psychological therapies

What are psychological therapies?

Behavioural therapy

Behavioural therapy is based on the belief that many of our actions are the result of things that we have learned. The focus of behavioural interventions is on definable behaviours that can be readily monitored and addressed in therapeutic interventions. It is a very directive therapy which sets objectives (in collaboration with the patient) for the patient to attain. Patients are given homework assignments. It is particularly good for treating phobias, obsessional and compulsive behaviour and can also be helpful in dealing with some sexual problems. Anxiety management and exposure therapy are particular types of behavioural therapy.

Anxiety management

This approach involves a varying mixture of behavioural strategies often taught in a group setting to people with anxiety problems. The strategies commonly include education about the nature of anxiety (e.g. fight-or-flight response), recognising hyperventilation, the slow-breathing technique, relaxation training and graded exposure. Stress management, assertiveness training and structured problem-solving may also be included, depending on the training and background of the therapist and the needs of the clients.

Graded exposure

Patients who avoid particular places or people because of anxiety (i.e. those suffering from phobias, Obsessive-compulsive disorder or panic) are encouraged gradually to face the things they fear, starting with easy situations and building up slowly to harder things. Breathing and relaxation techniques are used to help the patient remain in the feared situation until the anxiety diminishes and the patient learns that they can cope with the situation. The clinician supports the client but does not need to accompany them in their assignments.

Cognitive therapy

Cognitive therapy is based on the idea that how you think largely determines the way you feel. Cognitive therapy teaches the individual to recognise and challenge upsetting thoughts. Learning to challenge negative or fear-inducing thoughts helps people think more realistically and feel better. Patients are given homework assignments. Cognitive therapy is more complex than positive thinking. It is usually given in 50-minute sessions over 10-15 weeks.

Cognitive behavioural therapy (CBT)

This is a structured treatment combining elements of cognitive and behavioural therapy approaches, used to change a patient's thought processes and behaviour in order to bring about relief of symptoms or other practical objectives agreed by the patient. The range of techniques used includes challenging irrational beliefs, replacing the irrational beliefs with alternative ones, thought stopping, exposure, assertiveness and social skills training. Patients are given homework assignments.

Compliance therapy

This is a form of counselling, usually used for people with severe mental illness who are reluctant to take medication. It encourages patients to take an active role in monitoring their illness and negotiating treatment decisions. The patient's views about medication are elicited, ambivalence explored and options considered in an atmosphere of support and empathy, avoiding blaming. This interactive approach has proved more successful than a simple didactic approach.

Counselling

The term 'counselling' covers a wide range of skills and techniques. Counsellors may, for example, use cognitive or behavioural techniques. In the main, however, it provides a supportive and non-judgemental atmosphere for people to talk over their problems and explore more satisfactory ways of living. Counselling generally deals with specific life situations and is shorter term than analytical psychotherapies - in primary care, usually 6-12 sessions. It is generally used for less severe problems. Counselling is often focused, with counsellors or agencies specializing in particular problems, e.g. relationship problems, rape or bereavement.

Family interventions for people with schizophrenia

A form of 'psycho-social intervention', this comprises giving information to the patient's family about the illness, and helping them to improve their ability and confidence in tackling problems effectively. The approach is broadly behavioural and the family is encouraged to set realistic goals. This means that the family is able to avoid making unrealistic demands on the patient and to make the environment of the person who is ill less stressful. Relapse rates are reduced.

Interpersonal therapy

Interpersonal psychotherapy uses the connection between the onset of symptoms and current interpersonal problems as a treatment focus. It deals with current, rather than past, relationships, and maintains a clear focus on the patient's social context and dysfunction rather than their personality. Treatment is carried out by experienced therapists over 10-15 sessions.

Problem solving

Structured problem solving can help patients sort out and deal with stresses that contribute to worry and depression. It involves encouraging the patient to identify specific problems, to order them in terms of importance and then to focus on one problem at a time, writing down potential solutions and identifying specific steps that they might take to implement the solutions. A main aim is to assist people to incorporate the principles of efficient problem solving and goal achievement into their everyday lives. The aim is not for the clinician to solve the patient's problems for them but to give them skills so that they can effectively overcome problems and achieve goals for themselves. Self-management is a key goal, with the clinician adopting the role of teacher or guide.

Psychodynamic therapy (analytical psychotherapies)

These are usually offered by psychotherapy departments after assessment by a psychotherapist. They are based on psychoanalytical ways of understanding human development (Freud and his successors). The therapy concentrates on unconscious conflicts and explores the person's inner world, as well as their external situations. Analytical therapies may be offered on an individual,

couple, family or group basis. Individual sessions are usually for 50 minutes over several months. Group sessions usually last an hour a week for a year or more. Couple and family sessions are usually more widespread, with homework tasks set between sessions.

Complementary and alternative treatment

Complementary and alternative treatment Complementary and alternative medicine (CAM) is a growing provider of health care and mental healthcare in the UK. Many people with mental health problems and frank mental illness use both orthodox care and CAM. Irrespective of whether CAM is effective, good practice suggests that primary care teams and mental health teams, should be familiar with the generic issues around CAM, and with the specific complementary interventions used by their patients and the possibility for interaction with orthodox treatments (ref 1-3). Patients should be asked if they are using any complementary therapies.

There is growing evidence that some complementary interventions may be helpful (ref 4,5). There is a need for much more research on widely used but still untested interventions and for more research on tightly defined client groups. The Department of Health has recently started a £3.5 million programme to stimulate research capacity in this area.

References

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