

## Lecture 23 Therapy

Welcome to the penultimate edition of Intro Psych  
Just finished writing your final. It's doozy I can't  
do them that prob scares you; you need therapy

A long time ago, doctor put leech on sick patient (worked some time but not work most of the time) → Need scientific support for treatment!

\* 1998 - Empirically validating therapy (2 experiment to show:

1. Need better than placebo or equiv. to an established to be "established"
2. Need better than waitlist control group to be "probably efficacious"

\* Clinical Psychology is not up to date with science!

Now: Psychotherapy effect size 0.5 - 0.8. Higher than Aspirin in preventing heart attack (only 0.03) and many others!

### #1 Evaluating types of therapy

\* Effectiveness - does it lead to improvement?  
- when?

\* Dissemination potential - how accessible?  
- how available?

\* Costs - Money - Time - Society ...  
→ Major depressive disorder - annual cost \$30b

\* Scientific plausibility  
→ US Airforce wave flag back in WWII, then island people thing waving flag get food  
→ Dolphin assisted therapy. Is that why it helps?  
Any alternative but cheaper treatments?

## #2 Cognitive & Behavioural ← Show efficacy in many situations like depression, PTSD ...

Theory: psychological problem are learnt through conditioning  
then use learning to unlearn! (or not)

\* **Systematic desensitisation** — gradually teach things closer and closer to the thing associated to the problem to make them desensitised.  
→ Scared of rabbit? Show santa → flurry cloth → toy bear  
→ ... → rat

\* **Flooding** — expose to overwhelming amount of things associated with fear. Nothing bad happens → unlearn association.

\* **Aversion therapy** — make thing to unlearn unpleasant  
→ Ipecac + Alcohol = Sobriety ← helps to become less alcoholic  
↑ make throw up

\* **Social learning therapy** — watch others doing healthy behaviour.  
Observation → learn

\* **Operant conditioning therapy** — reward for doing wanted behaviour and punish unwanted behaviour

\* **Cognitive therapy** — self-image, change in perspective, practise helpful ways of thinking, attribute to environment  
→ Cognitive-Behavioural Model (CBT)



↳ ABC's of CBT

Event → Thoughts → Feelings / Behaviours

↑ We can introduce change here

### #3 Psychoanalytic & Humanistic ← Efficacy on substance abuse, psychosis, etc...

- \* **Freud theory** — ppl repress bad things, they are unaware of this, but these things bubble to surface and that causes problem
- \* **Freud** — many things have sexual overtone ← **hmm not really supported by much evidence.**
  - But Freud probably right that therapist may want to identify patient's subconscious thoughts causing the problem
- \* **Humanist** — patient know own mind best. Make them explore their own problem
  - 3 elements
    - Unconditional positive regard
    - Genuineness
    - Non-directive guidance
- \* **Family / Social Therapy** — the problem isn't the person but their situation. Then switch environment:
  - Switch rolls
  - Switch power structure
  - Switch situation
  - Group discussion

## #4 Biomedical Therapy

- \* All thoughts biological → physical
- Psychosurgery — hammer the brain (bad idea)
- Modern — mostly medication that adds some chemical
  - stimulant
  - suppressant
- Electroconvulsive — induce small seizure that corrects chemical imbalance (hard reboot-ish)

## #5 Unified Protocol

- Unified treatment? Anxiety & depression somewhat overlap. Treat commonality instead!
- Underlying structure:
  1. Generalised biological vulnerability
  2. --- psychological ..
  3. Specific ---

specific places for specific disorders.
- Barlow's 4 components of treatment
  1. Psycho-education
  2. Cognitive reappraisal
  3. Emotion regulation
  4. Changing behavioral habits

Future of Therapy — interesting to see how research integrate with practice in future.