



Therapies for Mental Health

In this chapter, you will learn about:

- how mental health problems are treated
- different types of mental health workers
- various approaches to psychotherapy

Imagine that all of your life, you've suffered from a fear of flying that has kept you from traveling with friends or from visiting places you've always wanted to see. Today's psychotherapists offer a number of alternatives to rid people of phobias, anxieties, or other limiting behaviors. It may be easier than you think.

Many different types of mental health professionals work in a variety of settings, from public health clinics to private practice and from hospitals to home visits. Therapists work with individuals, couples, families, and groups.

The treatments for phobias alone range from behavioral desensitization therapy that can extend over several months to a single visit with a Gestalt therapist. There may be as many as 250 different therapeutic approaches to psychological problems. Many of them are derived from or are combinations of the traditional psychological approaches described in this chapter.

What Is Therapy?

The National Institute of Mental Health estimates that 20 percent of adult Americans will, at some time, have a mental illness

serious enough to require treatment. Others will have problems that limit their enjoyment of life. A wide range of treatments for psychological problems is available.

Mental Health Professionals		
Type of Mental Health Professional	Typical Education/ Training	Typical Work
Psychiatrist	M.D., medical doctor with a psychiatry specialization; postgraduate training in abnormal behavior	Private or institutional practice; not only counsels people with serious mental disorders but also prescribes medication and administers biological therapy
Psychiatric Social Worker	M.A. in social work (two years of graduate-level courses in psychology plus practical training)	Private or institutional practice; counsels people with personal or family problems
Psychiatric Nurse	Nursing license with advanced training in psychology	Contact person between sessions with psychiatrist or counselor; may prescribe medication
Counseling Psychologist	M.A. or Ph.D. in counseling psychology	Private or institutional practice; counsels in a range of areas, such as developmental or family problems
Clinical Psychologist	Ph.D. in psychology	Works in hospitals and clinics; assists with treatment of and counsels people with psychological problems
Mental Health Counselor	M.A., counseling experience, and certification with the National Board for Certified Counselors	Services involve psychotherapy, human development, learning theory, group dynamics; helps individuals, couples, families; promotes healthy lifestyles
Advanced Registered Nurse Practitioner	M.R.N. (master's degree in psychiatric-mental health nursing)	Certified as clinical specialist; can prescribe medication; works with individuals, groups, and families

Psychotherapy treats psychological problems and disorders through an interaction between a client and a caring and highly trained mental health professional.

Biologically based therapy treats psychological problems and disorders through the use of drugs and other medical procedures.

Some therapies involve both the “talking” approach and the use of drugs.

The role of the patient or client in the treatment of mental health problems is extremely important. Many therapists aim to help clients understand their own abilities, concerns, goals, and relationships. Therapy encourages people to develop a sense of control or mastery over their feelings, thoughts, and behavior.

How Therapists Differ

Just as there are many different approaches to psychology, there are a wide variety of approaches to the treatment of psychological problems. A behavioral psychologist would lean toward conditioning methods of therapy, while one trained in psychoanalysis would look for solutions in the client’s unconscious mind.

Today, the trend is toward an eclectic approach to psychoanalysis—using the treatment that seems best suited to an individual’s particular problems. Psychologists use research to suggest which disorders respond best to various therapies.

Furthermore, a person seeking therapy may work with a number of different professionals, possibly including a psychiatrist, psychiatric nurse, psychologist, psychiatric social worker, and other mental health professionals.

Group vs. Individual Therapy

Mental health problems range from serious disorders, such as depression, schizophrenia, and bipolar disorder, to problems within a family, anxiety about a new job, or addiction to cigarettes. Likewise, therapy ranges from hospital treatment to a few visits to a local counselor. In either case, there are **two** main types of treatment.

- 1. Individual Therapy.** Some people prefer to talk about their problems with a therapist in private. Individual therapy gives them more personal attention but may be more costly than group therapy.
- 2. Group Therapy.** Advantages of group therapy include:
 - * The realization that one is not alone in having problems.
 - * The support of others who understand one’s experience.
 - * The encouragement of seeing others change and grow stronger.
 - * The opportunity to change behaviors in a supportive environment.

Clients and therapists can work together to determine if group therapy is an appropriate method of counseling. There are a number of different types of group therapy:

- * **Couples Therapy.** A therapist works with a couple to improve their relationship by learning new ways of expressing themselves and listening to one another.
- * **Family Therapy.** This works on the premise that problems within a family arise as much from the interaction among individuals as from any one person. Family members learn to understand and communicate with one another in a nonthreatening environment.
- * **Self-Help Groups.** These are composed of people who share a common problem, such as drug abuse, parental abuse, or compulsions such as gambling or shopping. Members of the group share experiences and solutions and support one another. One of the best known self-help groups is Alcoholics Anonymous.

Changing Attitudes Toward Mental Health

Mental disorders were once believed to be caused by some spiritual “intruder” that had entered the brain. Some ancient skulls show evidence of *trephining*—holes drilled in an attempt to let the intruder out. Religious rituals were often performed to exorcise or drive out these “demons.”

As time went by, people with serious mental health problems, those considered a danger to themselves or others, were committed to asylums. In many of these institutions, patients were chained and neglected. Rarely were they offered any treatment. People with less debilitating problems were left alone to function in society. No help was available.

The modern approach to mental illness began in the nineteenth century, when the first patient case histories were written and the mentally ill were treated with more kindness. Although improved, mental institutions continued for many years as warehouses in which to store the mentally ill until they died.

Even modern care has its problems. The intention is to return as many individuals to society as possible through therapy and drug treatment. But as people are released, they lose the support of those who supervised their feeding, care, and medication. As a result, deinstitutionalization is generally believed to contribute directly to homelessness in the United States.



Psychoanalytic Therapy

The psychoanalytic approach to psychology began with Sigmund Freud's work with neurotic patients, and therapies based on this approach are still fairly common. Psychoanalytic and neo-Freudian psychodynamic therapies are useful when a person's reasoning and thinking processes are relatively intact and when the person is motivated to change. Freud developed a number of different techniques:

- * **Dream Analysis.** Freud explored the content of dreams to reach their true, unconscious meaning.
- * **Free Association.** In free association, Freud asked the client to relax and say whatever came to mind. He reasoned that unconscious material exerts pressure and would surface in a person's speech. Later, Jung asked patients to respond to a list of words designed to elicit various emotions or other content.
- * **Interpretation.** After sufficient time in therapy had passed, Freud interpreted the conversations, dreams, and other content of analysis, seeking an underlying meaning and how it may affect feelings and behaviors.
- * **Resistance.** Resistance occurs when a patient regularly avoids certain topics or disagrees with an interpretation. Freud felt that this was an important area to explore.
- * **Transference.** Freud believed that if a patient began to see a therapist as a parent figure, this transference pointed to an underlying childhood conflict and could lead to further insight into the problem.

Psychodynamic Therapy

More recent neo-Freudian therapy does not place as great an emphasis on sexual drives or exploring the unconscious as Freud did. The many different psychodynamic approaches tend to take less time and be more flexible, depending on a client's specific problem. Here are some other differences between Freud and those who came later:

- * Today's psychodynamic therapists prefer to sit face to face rather than have the client recline on a couch. This helps the client and therapist to develop a direct and personal interaction.
- * Therapist and client agree in advance on the length of therapy—generally in terms of weeks rather than years. The client identifies specific goals that determine the end of therapy.
- * Therapy explores current problems, values, and conflicts rather than early childhood experiences. However, childhood experiences may prove to be important.
- * Therapy considers conscious conflicts, thoughts, and desires rather than the workings of the unconscious. The therapist offers interpretations to the patient, but if a patient disagrees, the therapist doesn't consider it resistance.
- * Therapists still use transference. If, for example, a client transfers unconscious anger toward his or her father to the therapist, but the therapist reacts differently from the father, the client begins to understand that such anger may stem from unresolved feelings about the father.

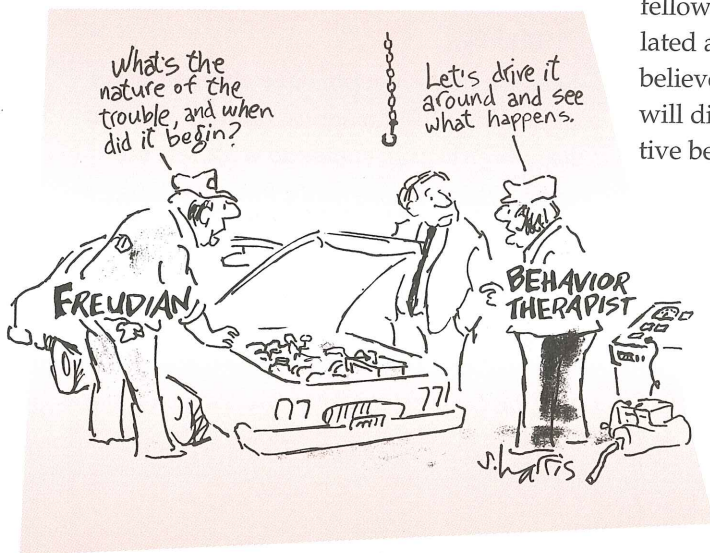
Uses and Limitations of Psychoanalysis

Psychoanalysis and psychodynamics have proven most useful with fairly verbal clients who are able to utilize the insights they gain in therapy. These approaches are effective for patients with anxieties, mild depression, or difficulty with social relationships.

Psychoanalysis doesn't work for people with serious disorders such as schizophrenia because the client loses touch with reality. In addition, traditional psychoanalysis may take years of therapy and be prohibitively expensive.

Some suggest that a therapist's interpretation of a client's problems may not be as accurate as one would like because it may be colored by the therapist's own experiences.

As the cartoon indicates, therapists may use different approaches to the same problem.



Behavioral Therapy

In contrast to psychodynamic therapy, traditional behaviorists focus on the behaviors themselves, with little regard for the workings of the mind. They argue that psychological problems are the result of unacceptable behaviors learned over the years. Although many behaviorists now acknowledge that a person's thoughts and feelings can be important, they still base many of their treatments on classical conditioning. Behavior modification and counterconditioning are two fundamental behavioral treatment methods.

Behavior modification is therapy that uses methods based on operant conditioning. (See Chapter 7.) It can be applied to just about any problem that can be objectively defined, provided that it is possible for the therapist to exert control over reinforcement.

EXAMPLE: In many schools, the "time out" technique is used for discipline problems. Rather than receiving the attention a disruptive student typically gets from teachers and fellow students, he or she is sent to an isolated area for a period of time. Behaviorists believe that removing the reward (attention) will discourage the student from such negative behavior in the future.

Often used to treat anxiety or fear, **counterconditioning** pairs the stimulus for an unwanted behavior with a new and more acceptable behavior. Behavioral therapists reason that one can't simultaneously experience opposing emotional states such as fear and pleasure.

EXAMPLE: In 1924, Mary Cover Jones eliminated a rabbit phobia in a young boy. Each time she placed a rabbit near the boy, she gave the boy a favorite food. Over time, the boy learned to associate the pleasurable experience of the food with the rabbit.

There are several approaches to counterconditioning.

Systematic Desensitization

Systematic desensitization is a therapy in which the therapist pairs relaxation techniques with gradual increases in anxiety. The therapist focuses on the behavior itself rather than the cause of the behavior. In many cases, people will feel better about themselves once they change their response, even if they never know why they had the fear in the first place.

EXAMPLE: A behavioral therapist might take a client with a fear of flying through the following **seven** steps:

Step 1: Teach client to relax.

Step 2: Ask client to think about flying.

Step 3: Have client relax.

Step 4: Continue steps 2 and 3 until client no longer becomes anxious when thinking about flying.

Step 5: Take client to airport.

Step 6: Have client relax.

Step 7: Repeat steps 5 and 6 until client no longer becomes anxious when at the airport.

The steps are continued gradually. The client sits in a plane, then sits in a plane with the engines running, then with the plane moving, and then, finally, as the plane takes off and flies.

Aversive Conditioning

In **aversive conditioning**, the therapist replaces a positive reinforcement for a behavior with an unpleasant consequence.

EXAMPLE: People suffering from alcoholism are sometimes given a medication that makes them ill when they drink. Therapists reason that if drinking results in a sufficiently negative experience, the behavior will cease. While this is effective about half of the time, it is unlikely to last unless other causes of the drinking are addressed.

Modeling

Because many people have efficient ways of dealing with anxieties, failures, or other negative stimuli, someone with less efficient behavior may learn how to change it through **modeling**—observing how the more efficient person (the model) behaves.

Flooding

With permission, the therapist brings the client in contact with his or her fears—either in the real world or by thinking about them—until the response is extinguished. This method, called **flooding**, works because the conditioned fear is not reinforced by anything dreadful happening.

Behavioral Therapy Approaches	
Operant Conditioning	Aversive Conditioning
Encourages a desirable behavior.	Extinguishes an undesirable behavior.
Rewards the new behavior with a positive reinforcement.	Replaces the positive reinforcement for the behavior with a punishment.

Cognitive-Behavioral Therapy

Many psychological problems around our relationships result from the way we interpret the world rather than the way it really is. Cognitive therapy attempts to make people aware of the negative thoughts that create negative feelings about oneself or others.

What does it mean when a friend chooses to do something with someone else rather than with you? We tend to assign meaning, not only to our own behaviors, but also to those of others. If some theorists are correct, we may not even have complete access to the meaning of our own behavior. To think that we can assign an accurate meaning to the actions of others borders on the ridiculous, as Cathy discovers in the cartoon below.

cathy®

by Cathy Guisewite



Thoughts, Feelings, and Behavior

Let's say that a friend has agreed to meet you at the mall. After waiting 30 minutes past the agreed-upon meeting time, what are you thinking? After reading each of these possible thoughts, figure out how you would feel and what action you might take.

- * "He's never on time."
- * "Maybe something more important came up."
- * "What if she was in an accident?"
- * "I'll have more time to shop."

Notice that each thought produces a different feeling, and each feeling produces a different action or behavior. If the thought about something "more important" triggered understanding that such things could occur, you would feel differently than if it triggered the feeling that you weren't very important. And each of those feelings would produce a different behavior if and when your friend did show up.

Cognitive behavioral therapy is about learning to use available information to make accurate and rational decisions. Although developing positive thinking habits is important for many who habitually think negative thoughts, positive thoughts might not be accurate or rational if, in our example, no one had heard from your friend in 24 hours.

Cognitive Restructuring

Developed by Aaron Beck, **cognitive restructuring** involves identifying and changing irrational statements that are part of one's automatic and ongoing "self-talk."

Beck believes that people who experience irrational self-talk engage in **four** behaviors:

1. As they perceive the world, they focus on ways in which it is a negative or harmful place and fail to attend to contrary information.
2. They overgeneralize, picking out only negative experiences in their lives to reach a conclusion that everything is negative.
3. They magnify unpleasant experiences totally out of proportion to their actual importance.
4. They think about life in absolute terms. "Everyone is out to get me." "I never do anything right."

Cognitive restructuring forces clients to challenge such self-talk. "You mean *no one* is kind or helpful?" "There's *not one person* who isn't out to get you?" "There's *never been anything* you've done right?" Because people answering such questions almost always are forced to acknowledge some good in their lives, they begin to recognize how biased their thinking has been. They are able to put more positive thoughts into action in their lives.

Rational-Emotive Therapy

Similar to cognitive restructuring, rational-emotive behavior therapy (REBT) goes further in identifying common irrational beliefs and in suggesting how thoughts influence emotions and behaviors. Albert Ellis's ABCD theory says that:

- A. There is an event.
- B. A person misinterprets the event.
- C. B causes negative feelings and corresponding behaviors.
- D. The person becomes capable of seeing the fallacy in B, and thus changing C.

Ellis claimed that some people tend to "awfulize" events in their lives—to see them in the worst possible way. He identified a number of irrational beliefs that he suggested were responsible for depression and anxieties. Here are a few of them:

- * I must be loved or approved of by everyone.
- * I must do everything correctly to be a worthwhile person.
- * It is a catastrophe when things don't go my way.
- * It is easier to avoid difficulties than to face them.
- * There is a "right" and "perfect" solution for every problem.

The therapist using REBT often walks a fine line between maintaining rapport and positive regard for the client and confronting, sometimes bluntly, the error in the client's thinking. When respected therapists tell people that their thinking (belief) is "not rational," it sometimes makes them see the belief in a new way.



Uses of Cognitive-Behavioral Therapy

Cognitive-behavioral therapy has been shown to be effective for many different psychological disorders including depression, anxiety, and personality disorders such as dependence, hypochondria, histrionics, and multiple personality disorder. It is not, however, useful for clients who cannot maintain contact with reality.

Cognitive therapies tend to take much less time than psychoanalytic therapies. Some studies have shown that a single day of cognitive training can make a difference.

Humanistic Therapies

Similar to cognitive-behavioral therapy, humanistic therapy helps individuals develop self-awareness. Unlike psychoanalysis, humanists focus on:

- * Awareness of present feelings rather than understanding the childhood experiences that influenced them.
- * Conscious rather than unconscious thoughts.
- * Accepting responsibility for one's emotions and actions rather than looking for the "meaning" of them.
- * Promoting positive mental health rather than "fixing" negative mental health.



Cognitive-Behavioral Therapy and Depression

Holding negative views of the world, the self, and the future often leads to depression. One theory holds that people with depression do not use the "self-serving attribution bias" described in Chapter 18. Instead they relate their perceived failures to internal causes and their successes to external causes.

Adele Rabin and her colleagues pointed out this possibility to 235 depressed adults,

indicating how such behavior might easily create depression. She then trained them to notice and change their habitually negative attributions. Rabin had the participants record the positive events of each day and write down the contributions that they made to the events. They also recorded negative events and listed external factors that contributed to those events. Compared to depressed people who did not do this, the depression of the participants decreased by almost half.

Person-Centered Therapy

Humanist Carl Rogers used a technique called **person-centered therapy**. Rather than interpreting their clients' experiences, person-centered therapists listen to what their clients say and encourage them to be true to themselves rather than acting as others wish. These therapists engage in **active listening**—repeating, restating, or asking for clarification of what a client has said.

Regardless of what a client says, the therapist must maintain what is called *unconditional positive regard*. As the therapist accepts clients for who and what they are, the clients begin to accept themselves and recognize that they have the responsibility to make whatever changes they feel are appropriate to achieving their potential.

Gestalt Therapy

Originally founded in the 1910s by Max Wertheimer and his associates, Gestalt therapy focused directly on perception and other cognitive processes. In the 1940s, Fritz and Laura Perls founded a branch of Gestalt therapy similar to, but more inclusive than, humanistic therapy. The word *Gestalt* refers to the scientific theory that the entire environment of which any event is a part must be included in understanding the event.

Phenomenology

Gestalt theory is based on the principle of **phenomenology**—the idea that what is subjectively felt in the present, as well as what is objectively known, are equally

important. Gestalt therapists encourage people to become aware of their thoughts, feelings, and behaviors and to explore that awareness itself. These therapists help clients discover their own resources for dealing with present and future problems.

Gestalt therapists are trained:

- * To put themselves as fully as possible into the client's experience.
- * To express themselves to the client. As opposed to traditional humanistic therapy, the therapist is encouraged to describe his or her own perception of an experience. Thus, the therapist models a process that the client can copy and use.
- * Not to manipulate or control the outcome of the interaction but instead to allow the client's words to guide the dialogue.
- * To use the dialogue itself as the therapy—and not make it the subject of later interpretation.

Brain, Mind, Body Therapy

Gestalt therapy focuses on what is happening in the moment more than on the content of the dialogue. Clients can provide information to both themselves and the therapist in what they say, how they say it, and their body language during the dialogue. Gestalt therapists will question repetitive movements of body parts, tone of voice, or choice of verbs as clients describe their experiences. Because these behaviors are all part of the gestalt—the whole of the experience—they are presumed to have meaning.

Comparison of Therapies

Each type of therapy has its devotees and its critics. The effectiveness of any therapy depends on both the nature of the psychological problem and on the personal

relationship between therapist and client. Ultimately, the success or failure of the therapy depends, in large measure, on that relationship.

Comparison of Therapies			
Type of Therapy	Main Objective	Therapist/Client Relationship	Techniques
Psychoanalytic/ Psychodynamic	To identify underlying unconscious meanings and their effects on feelings and behavior	Therapist remains neutral, eventually interpreting the meaning of what has occurred during the sessions for the client.	Dream analysis Free association Transference Resistance Interpretation
Behavioral	To extinguish unwanted behaviors or encourage desirable behaviors	Therapist manipulates stimulus/and or reinforcement.	Operant conditioning Aversive conditioning
Cognitive-behavioral	To help people become aware of the interaction of their thoughts, feelings, and behaviors	Therapist helps client to explore and analyze present experience.	Cognitive restructuring Rational-emotive behavior therapy
Humanistic	To help individuals explore their potential and promote mental health	The client is encouraged to talk about present experience with only minimal repetition and clarification from the therapist.	Person-centered therapy Active listening
Gestalt	To not only make clients aware of their cognitive processes, but to help them analyze that awareness	The client learns to use internal and external senses to increase self-responsibility and self-awareness.	Active listening Therapist/client dialogue and equal participation in change process

Biomedical Therapies

Various processes in the nervous system control our thoughts, feelings, and behaviors. In some cases, these biological processes develop problems, just as people can develop heart, lung, or liver problems. While some people are genetically predisposed to certain mental disorders, others can acquire them through accidents or environmental factors. Regardless of the cause, some psychological disorders benefit from biological, rather than psychological, treatment.

Types of Biomedical Interventions

Biomedical therapy may be recommended by a psychologist or other mental health professional but must be administered by a psychiatrist or medical doctor. The brain's functioning can be altered by:

- * Changing its electrochemistry with drugs.
- * Overloading the circuitry with electroconvulsive shock.
- * Disconnecting the circuitry through surgery.

Psychopharmaceuticals, or drugs that have an effect on the operation of the central nervous system, are used for some psychological disorders.

Drug Therapies			
Type of Drug	Prescribed for	Effect	Disadvantages
Antianxiety (Tranquilizers)	Reducing tension and anxiety	Depresses the central nervous system	Can become addictive; used without additional therapy, treats the symptoms without addressing the underlying causes
Antidepressant	Depression, eating disorders, panic disorder	Increases neurotransmitter production; increases activity level and decreases eating and sleeping problems	Dosage must be carefully monitored over time; studies show that cognitive therapy is as or more effective than drugs
Lithium	Bipolar disorder	Not completely understood, although it affects neurotransmitters	Occasional memory impairment, shakiness, or thirst
Antipsychotic	Schizophrenia	Blocks dopamine receptors in the brain, thus reducing awareness of irrelevant stimuli	Prolonged use can lead to balance and coordination problems; proper dosage is critical



CRITICAL THINKING

Is Society Becoming Too Reliant on Drugs?

Feeling stressed? Take a pill. Depressed? Take a pill. Want to quit smoking? Take a pill. People are increasingly bombarded with advertising for new drugs designed to “fix” problems. What are the alternatives? Is society relying too heavily on drugs for solving psychological problems?

THE ISSUES

As scientists learn more about the brain and the complex chemistries of thought and emotion, drug companies are designing more and more medications that influence the way people feel. At one time, people who wanted to feel less stressed, depressed, or fearful, or who wanted to rid themselves of unwanted habits, would seek the help of a qualified psychological professional. This professional might use any of the therapies mentioned in this chapter to assist the person. Today, advertising suggests that all anyone needs to do is “take a pill.”

Opponents argue that we are far from understanding the complex chemical balance of the body and mind. If abusing illegal drugs disrupts a person’s chemistry, is taking legal medications any safer? Many suggest that the first step in dealing with problems should be seeking the help of a psychologist. Few would suggest that serious mental disorders such as clinical depression shouldn’t be treated with effective medications. But could people with less serious problems be making things worse in the long term? See what you can find out.

THE PROCESS

- 1 Restate the issues.** In your own words, state the nature of the issue.
- 2 Provide evidence.** From your own experience and from the information above, list the evidence *for* using medication to solve psychological problems.
- 3 Give opposing arguments.** From your own experience and from the information above, list the evidence *against* reliance on medication to solve psychological problems.
- 4 Look for more information.** What else would you like to know? Make a list of your questions. On the Internet, in the psychology section of the library, or in the index of psychology books, research *drug therapies for psychological problems*.

- 5 Evaluate the information.** Make a chart with two columns:

Use of Drugs for Psychological Problems	
For	Against

Record the arguments in each column and rank each item in importance from 1 to 5, with 1 as the most important.

- 6 Draw conclusions.** Write one paragraph supporting your answer to the question “Is society relying too heavily on drugs to solve psychological problems?” Be sure to state reasons, not just opinions.

Electroconvulsive Therapy (ECT)

Unlike images that some people still have of “shock treatments” used in the 1930s, the passage of an electric current through the brain is done today under anesthesia. The patient has no memory of the treatment. ECT is an effective treatment for severely depressed patients who have not responded to drug therapy.

How ECT works is uncertain. It may calm certain centers in the brain or, like some drugs, affect the production or uptake of neurotransmitters.

Psychosurgery is the removal or destruction of parts of the brain. Psychosurgery is the most drastic and now least used of all biomedical techniques. In the 1940s and 1950s, thousands of severely disturbed patients underwent an operation called a **lobotomy**, a severing of the connection between the site of emotions and the frontal lobes of the brain. The patients became lethargic and immature. Since the discovery of psychoactive drugs, psychosurgery is used only in extreme cases.

Does Therapy Work?

How effective is psychotherapy? In November 1995, *Consumer Reports* published an article concluding that:

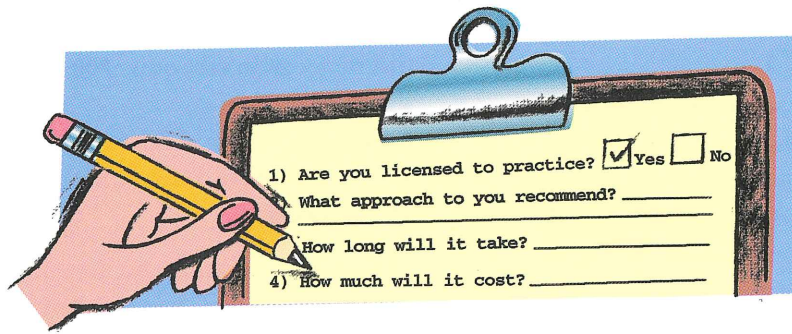
- * Patients benefited very substantially from psychotherapy.
- * Long-term therapy was more effective than short-term therapy.
- * Psychotherapy alone did not differ in effectiveness from medication plus psychotherapy.

- * No specific approach to psychotherapy did better than any other for any disorder.
- * Psychologists, psychiatrists, and social workers did not differ in their effectiveness.

A review of the study by the American Psychological Association pointed out that there are **two** different types of research on psychotherapy:

1. An *efficacy study* is done with carefully screened patients and in tightly controlled conditions over a fixed length of time. Regardless of the condition of the client at the end of the determined number of sessions, the therapy stops. At this time, the change in the client vs. clients in a control group is measured. This type of study is used to determine the effectiveness of a particular type of therapy for a particular type of mental disorder.
2. An *effectiveness study*, such as the *Consumer Reports* research, surveys people after they have received a variety of different types of psychotherapy. In the “real world,” if one technique doesn’t work, a therapist may try something else, or a client may seek another professional. Some treatments take a very short time and others extend beyond the time specified in the efficacy study.

The review pointed out that both types of studies contribute important, but different, information about therapy. Clearly, therapy is successful. However, the meaning of success varies depending on the type of study done.



The Ethics of Therapy

Because of the nature of the therapeutic relationship, the interests of the client must be protected. Ethical therapists:

- * Must not use the relationship to gain social, sexual, monetary, or other personal advantage. This extends to interactions with the client and the maintenance of confidential client records.
- * Must make the purposes and goals of the therapy clear to the client or his or her guardian. The client must be made aware of any potential risks.
- * Must be aware of their own limitations and refer clients to someone else when necessary.
- * Must intervene in the client's life only to the extent that the client wishes to make a change.

A few of the questions that therapists expect to answer when a client is looking for assistance with a psychological problem include:

- * In what type of therapy(ies) are you trained? What degrees do you hold?

- * Are you licensed in this state?
- * What type of therapy do you feel would be effective for my problem?
- * Approximately how long will it take?
- * What would be the estimated cost of treatment?
- * Do most insurance programs cover the type of therapy you do?

After a diagnosis, one may also ask:

- * What mental disorder will be sent to my insurance company and placed in my file?
- * Is this a temporary or a permanent diagnosis?
- * Are there any other possible causes for my condition? Why did you rule them out?
- * What does the diagnosis mean in terms of treatment and my future?

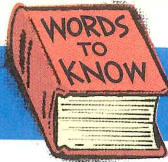
In general, the therapist must do everything possible to maintain the dignity of the client and the highest personal code of ethics.

Chapter 21 Wrap-up

THERAPIES FOR MENTAL HEALTH

A wide range of treatments is available for the 20 percent of adult Americans who have a mental illness serious enough to seek treatment. Attitudes toward mental health have changed from the past, when people with mental disorders were blamed for their conditions and treated poorly. Psychoanalytic therapy, behavioral therapy, cognitive-behavioral therapy, humanistic therapies, and biomedical therapies offer different approaches to meet the range of psychological disorders and client preferences. Professional mental health caregivers accept ethical standards for their interaction with patients.

Psychology



active listening—repeating, restating, or asking for clarification of what the client has said. p. 363

aversive conditioning—extinguishing an undesirable behavior by replacing the positive reinforcement for it with a punishment or unpleasant consequence. p. 358

behavior modification—changing a behavior by changing the response a person receives for that behavior. p. 357

biologically based therapy—treatment of psychological disorders through the use of drugs and other medical procedures. p. 354

cognitive restructuring—identifying and changing irrational statements that are part of one's automatic and ongoing "self-talk." p. 360

counterconditioning—pairing a stimulus for an unwanted behavior with a new and more acceptable behavior. p. 358

flooding—exposing a client to a harmless stimulus until the fear response to the stimulus is extinguished. p. 359

lobotomy—severing of the connections between emotional centers of the brain and higher thinking centers. p. 367

modeling—demonstrating how another person deals successfully with a situation. p. 358

person-centered therapy—approach in which the client talks and the therapist uses active listening. The client, not the therapist, interprets. p. 363

phenomenology—theory that subjective experience (feeling) is equally as important as objective knowledge. p. 363

psychosurgery—removing or disconnecting parts of the brain. p. 367

psychotherapy—treatment of psychological problems and disorders through an interaction between a client and a caring and highly trained mental health professional. p. 354

systematic desensitization—stepwise process for extinguishing a fear response. p. 358