

Lecture 12: Psychotherapy

Chapter Outline

1. Treatment in today's world
2. Biological treatments: What happens in the brain?
3. Psychodynamic therapies: How we develop
4. Humanistic therapies
5. Cognitive-behavioural therapies
6. "Third wave therapies"
7. Formats of therapy
8. Does therapy work?

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What does it feel like to do therapy?

- "To be with another in this [empathic] way means that for the time being you lay aside the views and values you hold for yourself in order to enter another's world without prejudice. In some sense it means that you lay aside your self and this can only be done by a person who is secure enough in himself that he knows he will not get lost in what may turn out to be the strange or bizarre world of the other, and can comfortably return to his own world when he wishes. Perhaps this description makes clear that being empathic is a complex, demanding, strong yet subtle and gentle way of being."
Carl Rogers

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What makes something psychotherapy?

- Is giving your friends advice psychotherapy?
- Is watching a TED talk or going to a yoga class psychotherapy?
- Meltzoff & Kornreich:
 - "Psychotherapy is the informed and **planful** application of techniques derived from established psychological principles, by persons qualified through training and experience to understand these principles and to apply these techniques with the intention of assisting individuals to modify such personal characteristics as feelings, values, attitudes, and behaviors which are judged by the therapist to be maladaptive or maladjustive."
 - Judged by therapist? Or judged by client...

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The state of psychotherapy

- Great deal of variability in the field in:
 - Kind of techniques used (e.g., psychoanalysis, exposures, cognitive techniques, drama techniques)
 - Importance of science and empirical support
 - Importance of training
 - Belief about what the source of client's problems are
- Level of training/expertise (psychiatrists, clinical psychologists, social workers, counselors, therapists)
- **Disclosure:** I am an **evidence-based** practitioner
 - Use therapy methods and techniques with scientific/empirical support

Who Seeks Therapy?

- About 20 million North Americans per year
 - More than 3/4 of them seek help with anxiety or depression
 - People with "problems in living"
 - Marital issues, self-esteem, existential problems
- About 2/3 of clients are women, 1/3 are men
- White individuals more likely to seek treatment than members of other ethnic groups
- Voluntary versus involuntary treatment

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Is therapy accessible?

- **Problem:** standard therapy rates from from \$130 and up
- OHIP covered therapy is available (e.g., CAMH), but waitlists are long and typically only available for specific problems
 - BPD, depression, anxiety disorders
- Currently, psychotherapy is not OHIP covered
- This **does not** make sense, as evidence-based therapies actually **save** tax payer's dollars (Linehan & Heard, 1999)

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Where Is Treatment Conducted?

- Where?
 - Public institutions, such as hospitals and clinics, schools, private offices
- Book: “therapists generally see the same kinds of clients [...] anxiety, depression, or relationship or problems. In contrast, psychiatrists see a much larger number of patients with schizophrenia, bipolar disorders, and other severe disorders.” (p. 288)
 - **UNTRUE**
- Psychologists see all of those clients

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Where Is Treatment Conducted?

- Most people are treated as outpatients
 - Negative effects of **long-term hospitalization**
 - Reduction in psychiatric beds in Canada since 1964; brief stay in hospital
 - 1/3 of Canadians released from hospital following treatment for mental illness are readmitted to hospital within a year
 - Canadians with severe psychological disorders often face a cycle of hospital discharges and readmissions and are often homeless
- Some controversy about whether hospitalization in general has negative effects...

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Biological Treatments

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Biological treatments

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- **Handled by MDs (psychiatrists)**
 - Movement to allow psychologists prescription privileges in Ontario
- **Psychotropic drugs:** medications that act primarily on the brain

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Psychotropic Drugs

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Symptom	Type of Medication	Examples
Psychosis (loss of touch with reality)	Antipsychotics Atypical antipsychotics	chlorpromazine (Thorazine) clozapine (Clozaril) risperidone (Risperdal)
Depression	Antidepressants	trazodone (Desyre) amitriptyline (Elavil) phenazine (Nardil) fluoxetine (Prozac) paroxetine (Paxil) sertraline (Zoloft) venlafaxine (Effexor)
Mania	Mood stabilizers	lithium (Lithonate) carbamazepine (Tegreto) valproate (Depakote)
Anxiety	Antipsychotics Anxiolytics Antidepressants	olanzapine (Zyprexa) benzodiazepines (Valium, Xanax) fluoxetine (Prozac)

Most common type of antidepressant: Selective Serotonin Reuptake Inhibitors (SSRIs)

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SSRIs

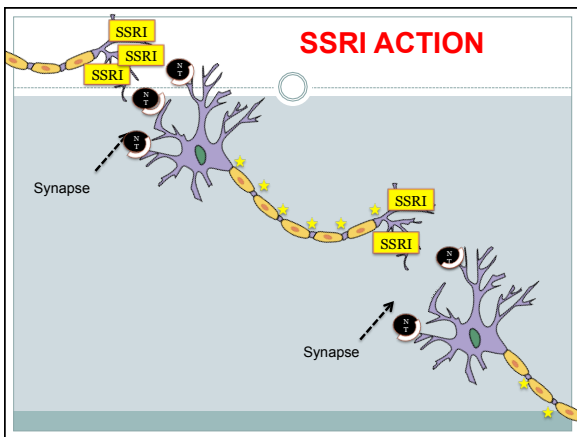
- Most psychoactive drugs influence the neurotransmitters in your brain
- **What is a neurotransmitter again?**

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SSRIs

- After those neurotransmitters have been released, they remain in the synapse.
- Eventually, the neurons that they came from suck them back up, out of the synapse so they stop binding with the post-synaptic neuron and causing it to fire
 - Reuptake
- **SSRIs BLOCK this process from happening**
 - Prevent serotonin from being removed from synapse
- Serotonin stays in synapse for longer, causing neurons to fire more

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What Works Better, Drugs or Psychotherapy?

- Predictions?
- **Meta-analysis** on effects of antidepressants versus CBT for depression
 - Equally effective in reducing symptoms, but dropout and relapse higher in medication group (De Maat et al., 2006)
- Similar findings for anxiety disorders such as panic disorder (Nadiga et al. 2003)
- Why would this be?
- Skills taught to manage distress in psychotherapy as opposed to removal of distress

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Electroconvulsive Therapy

- Use primarily for **severe depression**
 - Sometimes also severe bipolar disorder or schizophrenia
- Participants administered a sedative, and then electrodes attached to forehead
 - Up to 140 volts passed through brain
- Typical course is 7-9 sessions spaced two to three days apart
- Reduces depression in 70% of patients
- Causes short-term memory problems
- Used less than it used to be

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Assessing the Biological Approaches

- Strengths:
 - Biological treatments often bring relief when other approaches have failed
 - Good as last line of defense
 - Less labour intensive than therapy
- Criticisms:
 - Undesirable side effects
 - Potentially not as effective on their own (without combined therapy) or compared to therapy
 - Higher relapse rates for some disorders

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Psychodynamic and Existential Therapies

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Psychodynamic Therapies

- Focus on past emotional trauma
 - Note most contemporary techniques are **present centered**
- About 15% of contemporary clinical psychologists

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Psychodynamic Techniques

- **Free association**—discussions initiated by client with therapist probing to uncover relevant unconscious events
 - Any random thought (even if seemingly unrelated) is relevant
 - [When discussing client's mother]
 - CLIENT: She just makes me so angry sometimes, she is so condescending and mean to me... [silence] sorry, I got distracted.
 - THERAPIST: What did you think of just now?
 - CLIENT: Oh, nothing. I just thought that I want to get ice cream after this.
 - THERAPIST: What do you think made you think of ice cream just then?

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Psychodynamic Techniques

- **Therapist interpretation:** therapist shares interpretations to the client
 - **Resistance**—block in free associations or change in subject
 - ✦ May expose underlying conflicts or pain
 - ✦ THERAPIST: What do you think made you think of ice cream just then?
 - ✦ CLIENT: I don't know. Just a random thought... Anyways my mother said-
 - ✦ THERAPIST: Is it frustrating to you to discuss something that feels trivial like ice cream when you're trying to express your pain around your mother?
 - ✦ CLIENT: Yes
 - ✦ THERAPIST: Just like your mother trivialized your pain growing up?


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Psychodynamic Techniques

- **Therapist interpretation:** therapist shares interpretations to the client
 - **Transference**—shift feelings for figures from childhood to therapist
 - ✦ May act and feel as they did with parents or siblings
 - E.g., the client who felt abandoned by me...
 - **Dream interpretation**—manifest content and latent content
 - ✦ Manifest content = consciously remembered dream
 - ✦ Latent content = symbolic meaning

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Psychodynamic Techniques



- **Catharsis**—reliving of past repressed feelings to resolve conflicts
 - Must be accompanied by intellectual insight
- **Working through**—repeatedly examine an issue to improve clarity
 - Psychoanalysis takes a long time

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Variants of Psychodynamic Therapy

- Psychoanalysis takes a long time
- **Short-term psychodynamic therapies:** attempt to make psychodynamic therapy shorter and more efficient by focusing on a single problem
 - Sometimes helpful (depression), sometimes not
- **Relational psychoanalytic therapies:** assumes that the therapeutic relationship is a real one (and it is), and that therapists are key figures in client's social life
 - Therapists disclose their own reactions to clients
 - E.g., the time I said I was "tired"

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Assessing Psychodynamic Approaches

- Strengths:
 - First practitioners to demonstrate the value of systematically applying both theory and techniques to treatment
 - First to suggest the potential of psychological instead of biological treatment
- Criticisms:
 - Effectiveness not supported by research
 - Very long, mostly theoretical
 - Significant power imbalance in therapy

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Client Centered Therapy (Humanistic Therapy)

- **Humanists:** all of us are born with the innate potential to self-actualize and fulfill our potential for goodness and growth
- But to do this we must figure out what our values are and live by them
 - As opposed to getting hung up on other people's/society's values
- Rogers: humans have basic need for **unconditional positive regard**, especially from our parents
 - Parents love you "no matter what"

Humanistic-Existential Model

- ... but that isn't always how growing up works.
- Often we're taught that we're more worthwhile if certain conditions are met
 - E.g., being praised for getting high grades or working hard, or being funny, or being pretty
- We develop **conditions of worth**: idea that we must meet certain standards to be worthy or loveable
- Conditions of worth interfere with reaching full potential
 - Hard to live by (and listen to!) your own internal values when you need to DO THINGS to feel worthy

Humanistic-Existential Model

- Focus so much on these conditions fail to be able to listen to our own needs and wants, which leads to psychological dysfunction
- Three components therapists require:
 - **Unconditional positive regard** for client: full and complete acceptance of the client as they are
 - **Accurate empathy**: skillful listening, including restatements of the client's own comments
 - **Genuineness**: realness, sincere communication
- **Note**: these are all components we infuse into contemporary therapy

Accurate Empathy

- Client: When my sister said that I screwed up her evening again, I just felt really stupid and like I just mess things up
- Therapist: Mhm. So when you asked her to drive you to the movies and she said that ruined her evening, you felt as if you did something wrong, like you just get in the way of her enjoyment of everything. Like some kind of burden. I hear what you're saying.

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Carl Rogers' Philosophy:

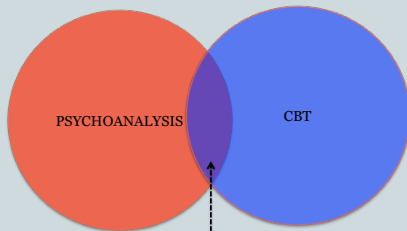
"People are just as wonderful as sunsets if you let them be. When I look at a sunset, I don't find myself saying, "Soften the orange a bit on the right hand corner." I don't try to control a sunset. I watch it with awe as it unfolds."

"I'm not perfect...But I'm enough."

"When a person realizes he has been deeply heard, his eyes moisten. I think in some real sense he is weeping for joy. It is as though he were saying, "Thank God, somebody heard me. Someone knows what it's like to be me."

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Common Factors



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Assessing Humanistic Therapies

- **Strengths:**
 - Appealing to clinicians
 - Emphasize positive human qualities
 - Teach therapists how to be effective therapists regardless of treatment approach
- **Criticisms:**
 - Difficult to research and little research has been done
 - Partially supported by research

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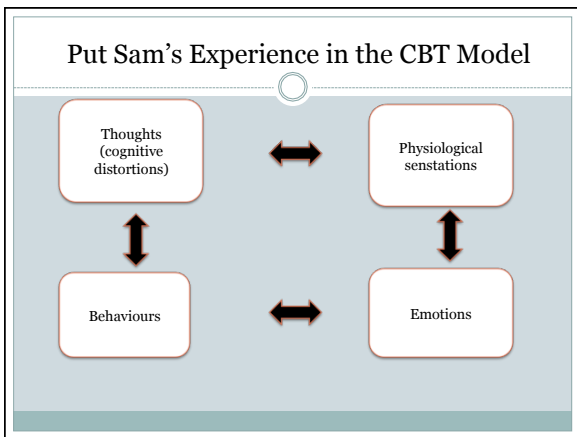
Cognitive Behavioral Therapies

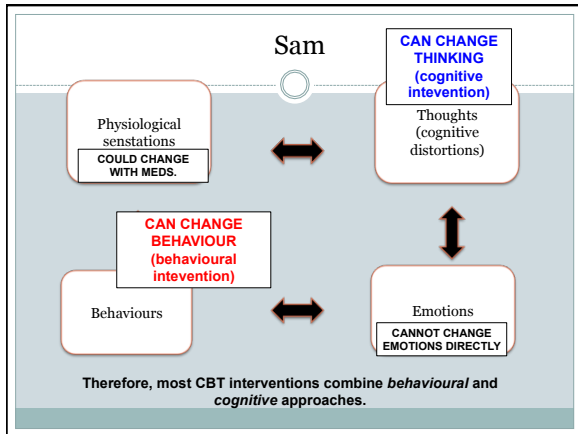
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Let's revisit the CBT model...

- After Sam's lost his job, he noticed that he has been really tired lately. At first, he thought it was just the stress of losing his job so he decided to rest a bit. However, now it's been three months and Sam can barely get himself up out of bed. His friends call him up and invite him to play basketball (which he used to love), but for whatever reason he never feels like going or seeing them. Nothing makes him happy anymore- he doesn't even feel like eating. Recently, he's found that he is too tired to move much during the day, but at night lays awake staring at the ceiling. He occasionally musters up the strength to look for jobs, but hasn't heard back yet. Sam finds the fact that he hasn't been able to get a job demoralizing. He says it makes him feel useless, like he can't do anything right, and like he is just lazy and that is why all of this has happened. This makes him feel very sad and frustrated. He feels so ashamed of the fact that he isn't working that he won't talk to anyone about how he is. Lately, when his friends have been calling him, he's started to think that it's just because they feel bad for him and don't really want to see him. Because he thinks nobody wants to see him and he is ashamed, he has started avoiding their calls.





Behavioural Therapies

- Behavioural views of abnormal behaviour
 - Learned in the same way adaptive behaviours are learned
 - Classical conditioning
 - Operant conditioning
 - Modelling
 - Goal is to discover specific problem-causing behaviours and replace them with healthy behaviours
 - Behavioural therapy is often effective with phobias and anxiety issues

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Classical Conditioning Techniques

- What is classical conditioning again?
- When client's reactions to stimuli are the result of classical conditioning...
 - **Exposure/extinction:** expose to CS repeatedly without the UCS

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Systematic Desensitization

- Create a hierarchy by which you are gradually exposing to more and more intense levels of the CS

Be totally alone
Be alone in house with boyfriend in the city
Be alone in house with therapist on the phone
Be alone with therapist in other room for 10 minutes
Imagine being alone

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Empirical Support

- Overwhelming research support for exposure practices
- Generally suggest they are just as effective alone as paired with cognitive interventions (Feske & Chambless, 1995)
- Generally suggests they are at least as effective as medications and maybe more so (Mitte, 2005)

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Classical Conditioning Techniques

- Systematic desensitization—effective in treating phobias, PTSD, panic attacks, other anxiety components
- **Aversion therapy**—*increase* anxiety response to harmful stimuli desired by the client
 - Use classical conditioning techniques to create anxiety response (CR) to specific stimuli
 - Drinking for alcoholics, sexual child imagery for pedophiles, smoking
 - Antabuse:

US: Antabuse	UR: Nausea
CS: Drinking	CR: Nausea


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Operant Conditioning Techniques

- Consistently provide rewards for desirable behaviour and withhold rewards for undesirable behaviour
 - E.g., the woman with seizures
- Successful in hospitalized psychotic patients
 - When patients speak coherently and appropriate, receive more food, privileges, attention
 - Ignored when exhibit psychotic behaviour
- Works best in institutions and schools
 - Frequently used with children with autism

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Time Out



- Time out is a popular behavioural technique for disciplining young children

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Behavioural Intervention for Depression

- Based on operant conditioning models
- People with depression do not engage in behaviours that are reinforcing anymore
 - No reinforcement = recipe for depression
- People need two things to not be depressed:
 - Pleasure
 - Mastery
- **Behavioural component of CBT for depression:** begin to engage in reinforcing behaviours (even if they don't feel reinforcing at the time)
 - Called behavioural activation- *follow plan not mood!*

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Is behavioural activation enough?

- Randomized controlled trials have compared antidepressant medication to behavioural activation alone to cognitive interventions alone (coming soon)
- Suggest that behavioural activation and antidepressant medications are equally effective, and more effective than cognitive interventions (Dimidjian et al., 2006)
- Data somewhat mixed, but exercise appears to be an effective treatment for depression (Lawlor & Hopker, 2001)

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Modeling Techniques

- Modeling techniques
 - Therapists exhibit appropriate behaviours so client can imitate, rehearse, and incorporate the behaviours into their lives
 - Social skills training—therapists discuss social deficits and role play social situations with the client
 - › Goal is to use the modeled techniques in real-life situations
 - › Improve social skills and assertiveness

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Assessing the Behavioural Approaches

- Strengths:
 - Widely studied in research and strongly supported
 - Effective for numerous problems, including specific fears, social deficits, and intellectual disabilities
- Criticisms:
 - Not effective with disorders in which distress is non-specific, such as generalized anxiety disorder
 - Sometimes people think they “just treat symptoms”

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Cognitive Components

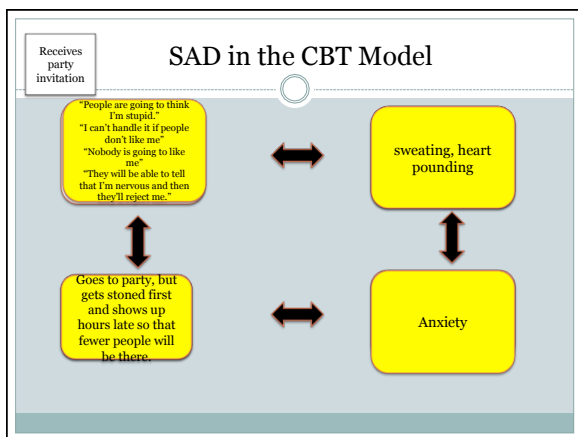
- Pioneered by **Aaron Beck**
- Help clients to identify distorted thoughts that can lead to depressed mood or to anxiety
- Thoughts are treated as hypotheses about the world
 - Hypothesis: I'm worthless
 - Hypothesis: If my heart starts to pound, I'll die
 - Hypothesis: If I go to that party, then nobody will like me
- But they're not always correct or accurate reflections of the world

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Cognitive Components

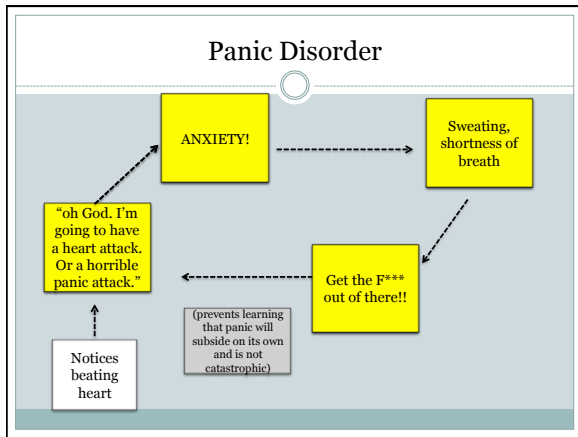
- Interpretations/thoughts radically change how we feel
 - E.g., strike out at a baseball game
 - "I'm a loser" → sadness
 - "That pitcher SUCKS!" → anger
 - "Well...I guess it isn't my day" → neutral
- Cognitive therapy: **examine evidence** that supports and does not support the thought, so you can come to a more balanced/accurate thought

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Situation	Automatic Thought	Feelings/ Emotions And rate intensity out of 100	Evidence that supports the thought	Evidence that does <i>not</i> support the thought	Balanced thought	Feelings/ Emotions
Received invitation to party	"Nobody is going to want me there" "They just invited me because they feel bad for me."	Anxiety (80) Shame (50) Sadness (40)	Last time I went to her party, nobody talked to me. I don't know anyone there.	They did invite me to the party... Jack is there and is my friend. I'm always too busy focused on myself to judge other people at parties, so maybe people aren't judging me.	My friend Jack probably wants me to come to his party. The other people probably don't care one way or the other.	Anxiety (60) Shame (40) Sadness (10)

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Situation	Automatic Thought	Feelings/ Emotions And rate intensity out of 100	Evidence that supports the thought	Evidence that does <i>not</i> support the thought	Balanced thought	Feelings/ Emotions
Went on subway, noticed heart beating	"I'm having a heart attack." "I'm going to die"	Anxiety (100) Embarrassment (60)	My heart is pounding and I feel dizzy and sweaty.	My heart has pounded like this at least 50 times, and I have not had a heart attack (I've had a panic attack). I'm 25 years old so the likelihood of a heart attack is low.	It seems unlikely that I'm having a heart attack, I'm probably just anxious.	Anxiety (50) Embarrassment (30)

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Other ways of testing thoughts

- Actually going into feared situations to gather evidence
 - e.g., go to party, observe for signs of liking and disliking
 - e.g., get heart rate up in session and see if die
 - e.g., activate obsessive thought without doing compulsion, see if feared outcome comes true

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Situation	PREDICTION	Feelings/Emotions And rate intensity out of 100	Evidence from party	Conclusion about prediction	Feelings/Emotions
Get invitation to the party	Everyone is going to dislike me if I go to that party...	Anxiety (100) Embarrassment (60)	People nodded and smiled when I talked, nobody said they didn't like me. Nobody was overly mean. Joe's friend told him they thought I was nice.	It did not come true...just because I feel like everyone will dislike me doesn't mean that I actually will	Anxiety (50) Embarrassment (30)

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Cognitive Therapies

- **Ellis' s** rational-emotive therapy—goal is to identify irrational assumptions that lead to disordered emotional and behavioural responses
 - Point out irrational assumptions
 - Model the use of alternative assumptions
 - Much more blunt than Beck's cognitive therapy

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Assessing Cognitive-Behavioural Therapies

- Strengths:
 - Well supported by research
 - Good at treating depression, social anxiety disorder, generalized anxiety disorder, panic disorder, sexual dysfunctions, and other disorders
- Criticisms:
 - Role of cognition unclear (cause or effect?)
 - Does it matter?
 - Unclear whether cognitive features, behavioural features, or combination are effective

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Third (Second Wave) Therapies

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Third-wave (second-wave) therapies

- We have millions of thoughts run through our mind in the day
- Some logical, some completely ridiculous
- Our thoughts mean nothing, and you are not your thoughts
- So why bother fighting with them, trying to change them?
- **Third-wave/second-wave therapies:** accept thoughts without engaging in them
 - Allow them to be there, but don't necessarily believe them either

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Third-wave (second-wave) therapies

- The third wave approach to thoughts:
 - No thoughts are good or bad, they just are.
 - Thoughts are not reality, but they are inevitable.
 - Notice them and let them float by, don't cling to them, don't reject them. Just allow them to float through your mind, like a leaf floating down a stream.
 - You are not your thoughts. They are allowed to be there, but they don't run the show.
- Practiced predominantly through meditation
- Nonjudgmental stance key
 - Nothing is good or bad, nothing "should" be one way or another, things just are

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Pain versus Suffering

A diagram with a light blue background. At the top, the text "Pain versus Suffering" is centered. Below it, two white ovals are positioned horizontally. The left oval contains the word "SUFFERING" and the right oval contains the word "PAIN". Between the two ovals, the letters "VS" are centered. A small circle is located above the "VS" text.

Acceptance

- Pain is an inevitable part of human life
 - But it is tolerable
- Suffering is not tolerable, and makes pain worse
- We cannot take away your pain, but we can take away suffering **by accepting pain**
- Things to accept
 - Painful emotions
 - Painful situations
 - Injustice
 - Difficult histories
- **Note:** acceptance is not approval

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Why Be Mindful or Accepting?

- Experience reality as it truly is, without judgment or evaluation or suffering
- Accept true reality, rather than distorted interpretations, judgmental thinking, non reality elements
- Experience the world and life as it is without suffering (even when painful)

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Acceptance based strategies in therapy

- **Borderline personality disorder:** People with BPD often feel invalidated by traditional cognitive approaches
 - History of being told they are “irrational”
- These approaches don't get stuck in the content of thoughts- what is rational or irrational
 - All thoughts are equal (and equally irrelevant to the present moment- just noise in your brain that pull you away from being present)
- **Generalized anxiety disorder:** cant think your way out of uncertainty, must come to accept it

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Acceptance based strategies in therapy

- Acceptance and Commitment Therapy (Steven Hayes)
 - Mindfulness of thoughts paired with acceptance and trying to live in line with values
- Dialectical Behaviour Therapy (Linehan)
 - For Borderline Personality Disorder
- Mindfulness Based Cognitive Therapy (Segal et al., 2012)
 - For depression
 - Particularly preventative of relapse
- Mindfulness based stress reduction

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A man bought a new house and decided that he was going to have a very beautiful lawn. He worked on it every week, doing everything the gardening books told him to do. His biggest problem was that the lawn always seemed to have dandelions growing where he didn't want them. The first time he found dandelions, he pulled them out. But, alas, they grew back. He went to his local gardening store and bought weed killer. This worked for some time, but after summer rains, alas, he found dandelions again. He worked and pulled and killed dandelions all summer. The next summer he thought he would have no dandelions at all, since none grew over the winter. But, then, all of the sudden, he had dandelions all over again. This time he decided the problem was with the type of grass. So he spent a fortune and had all new sod put down. This worked for some time and he was very happy. Just as he started to relax, a dandelion came up. A friend told him it was due to the dandelions in the lawns of his neighbors. So he went on a campaign to get all his neighbors to kill all their dandelions. By the third year, he was exasperated. He still had dandelions. So, after consulting every local expert and garden book, he decided to write the U.S. Department of Agriculture for advice. Surely the experts could help him. After waiting several months, he finally got a letter back. He was so excited. Help at last!!!! He tore open the letter and read the following: "Dear Sir: We have considered your problem and have consulted all of our experts. After careful consideration, we think we can give you very good advice. Our advice is that you learn to love those dandelions."

-Linehan (1993)

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The Guest House (Rumi)

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This being human is a guest house.
 Every morning a new arrival.
 A joy, a depression, a meanness,
 some momentary awareness comes
 As an unexpected visitor.
 Welcome and entertain them all!
 Even if they're a crowd of sorrows,
 who violently sweep your house
 empty of its furniture,
 still treat each guest honorably.
 He may be clearing you out
 for some new delight.
 The dark thought, the shame, the malice,
 meet them at the door laughing,
 and invite them in.
 Be grateful for whoever comes,
 because each has been sent
 as a guide from beyond.

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Formats of Therapy

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Formats of Therapy

- **Individual therapy**—one on one with therapist and client
- **Group therapy**—therapist meets with several clients with similar problems simultaneously
 - **Self-help groups**—people with similar problems meet for support without guidance from clinician
 - **Assessing group therapy**
 - Varies and is therefore difficult to assess
 - Helps many

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Formats of Therapy

- **Family therapy**—whole family meets with therapist, who considers family interactions
 - For one person to change, the family system may need to change
 - E.g., the client whose parents caused her panic attacks...
- **Couple therapy**—two people in a relationship meet together with therapist to consider relationship structure and communication
 - **Marital therapy**
 - 38% of Canadian marriages do not survive past the 13th anniversary and 25% of all treated couples eventually divorce

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Does Therapy Work?

- Are particular therapies generally effective?
 - Each major form helps some; no one form stands out
 - Effective therapists may share common features
- Are particular therapies effective for particular problems?
 - Behavioural: phobias
 - Cognitive-behavioural: social anxiety disorder, generalized anxiety disorder, panic disorder, and depression
 - Drug: schizophrenia and bipolar

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Does Therapy Work?

- Is therapy effective across race and gender?
 - Members of ethnic minority groups worldwide seek therapies less and benefit less from them than do majority-group members
 - Culture-sensitive therapies take into account cultural values and stresses specific to the group
 - Gender-sensitive or feminist therapies acknowledge stressors girls and women face

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