



An overview of Psychological Therapies, common factors and useful techniques

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Happier | Healthier | Hopeful



Learning outcomes

- Have an idea of the types of Psychological Therapies available
- Have a sense of the common therapeutic factors
- Have some ideas and techniques that might help you with patients presenting with a mental health problem



Types of Psychological Therapy



Types of Psychological Therapy

- Psychodynamic Psychotherapy
- Humanistic Psychotherapy
- Behaviour Therapy
- Cognitive Therapy
- 'Third Wave' therapies
- Systemic Therapies



Psychodynamic Therapy

- We develop models of ourselves in relation to others from our early experiences
- These models influence present relationships and the relationship with the therapist
- The models, not the symptoms, necessarily, are worked with in the therapy
 - Particular focus on the therapeutic relationship



Useful Psychodynamic Concepts

- **Transference**
 - Relating to others based on our earlier relational models, (e.g. someone relating to you as a idealised absent father; or perhaps their previous health professionals)
- **Counter-transference**
 - The response in ourselves to our patients (e.g. moved to help; easy to forget); others may feel like this too
- **The unconscious**
 - Not conscious thoughts and feelings can influence behaviour
 - Unacceptable feelings can be deliberately and habitually kept out of consciousness (e.g. anger at a parent)
 - Behaviour may also be motivated by pre-verbal experiences
- **Defences**
 - Means by which we avoid intolerable feelings (e.g. denial, repression, rationalisation, projection)



Humanistic therapies

- Aims to facilitate clients to achieve their own unique potential; to develop a stronger, healthier sense of self and to gain a sense of meaning
- A non-expert approach
- A person-centred stance:
 - Congruence
 - Empathy
 - Unconditional positive regard
- Active listening



Behaviour therapy

- Seeks to identify and help change potentially self-destructive or unhealthy behaviours
- Behaviours are learned
 - Classical conditioning
 - Learning by association (Pavlov's dogs)
 - Operant conditioning
 - Learning via reward and punishment



Useful Concept in Behaviour Therapy

- **Reinforcement:** outcomes that increase the frequency of the target behaviour
 - *Positive:* something wanted is introduced (e.g. the proverbial 'carrot')
 - *Negative:* something unwanted is taken away (e.g. a cup of coffee to reduce tiredness)
- **Punishment:** outcomes that reduce the frequency of the target behaviour
 - *Positive:* something unwanted is introduced (e.g. the proverbial 'stick')
 - *Negative:* something wanted is taken away (e.g. do that and you will not be going to your friends')



Cognitive therapy

- Cognition = thoughts, appraisals, memories, beliefs, mental images...
- Cognition mediates input and outcome

Perception

Cognition/
appraisal

Response
(inc. feeling)

- Therapy focusses on identifying mediating cognitions, and their distortions, and seeks to reality-test them.
 - Cognitive restructuring (e.g. Socratic questioning)
 - Behavioural experiments (i.e. direct testing)
- Structured & time-limited



Useful concepts in cognitive therapy

- **Core beliefs**

- Develop from early experiences (e.g. “I’m an OK person”)

- **Assumptions/rules for living**

- “If I don’t smile, people will reject me”

- **Distortions**

- black and white thinking; all-or-nothing thinking; catastrophising; personalisation; overgeneralisation

- **Socratic questioning**

- Open ended questions; reflective statements



'Third Wave' therapies

- Less focus on changing thinking
- More focus on our relationship with our thoughts
- Identifies maladaptive behaviours (inc. cognitive ones) and teaches adaptive behaviours
- Therapies include:
 - Mindfulness-based therapies
 - Acceptance and Commitment Therapy (ACT)
 - Metacognitive therapy
 - Compassion-focussed therapy
 - Dialectical Behavioural Therapy (DBT)



Useful concepts from 3rd wave therapies

- Maladaptive cognitive processes
 - Repetitive negative thinking: Worry/rumination
 - Thought suppression/control
- Mindfulness
- Self-criticism vs Self-compassion
- Value-congruent activity
 - Identifying values
 - Reviewing and modifying activity to be more in line with values



Systemic therapies

- Interested in the systems of interaction between people
- Systems can include:
 - Couples
 - Families
 - Culture
- Interested in how 'problems' are described, understood and located within a system



Useful concepts from systemic therapy

- Exploring the ‘narrative’
 - Aiming to ‘thicken’ the narrative
- Circular questioning
 - “what would your mum think about that?”
 - Aiming to develop mentalizing within a family system



Common Therapeutic Factors



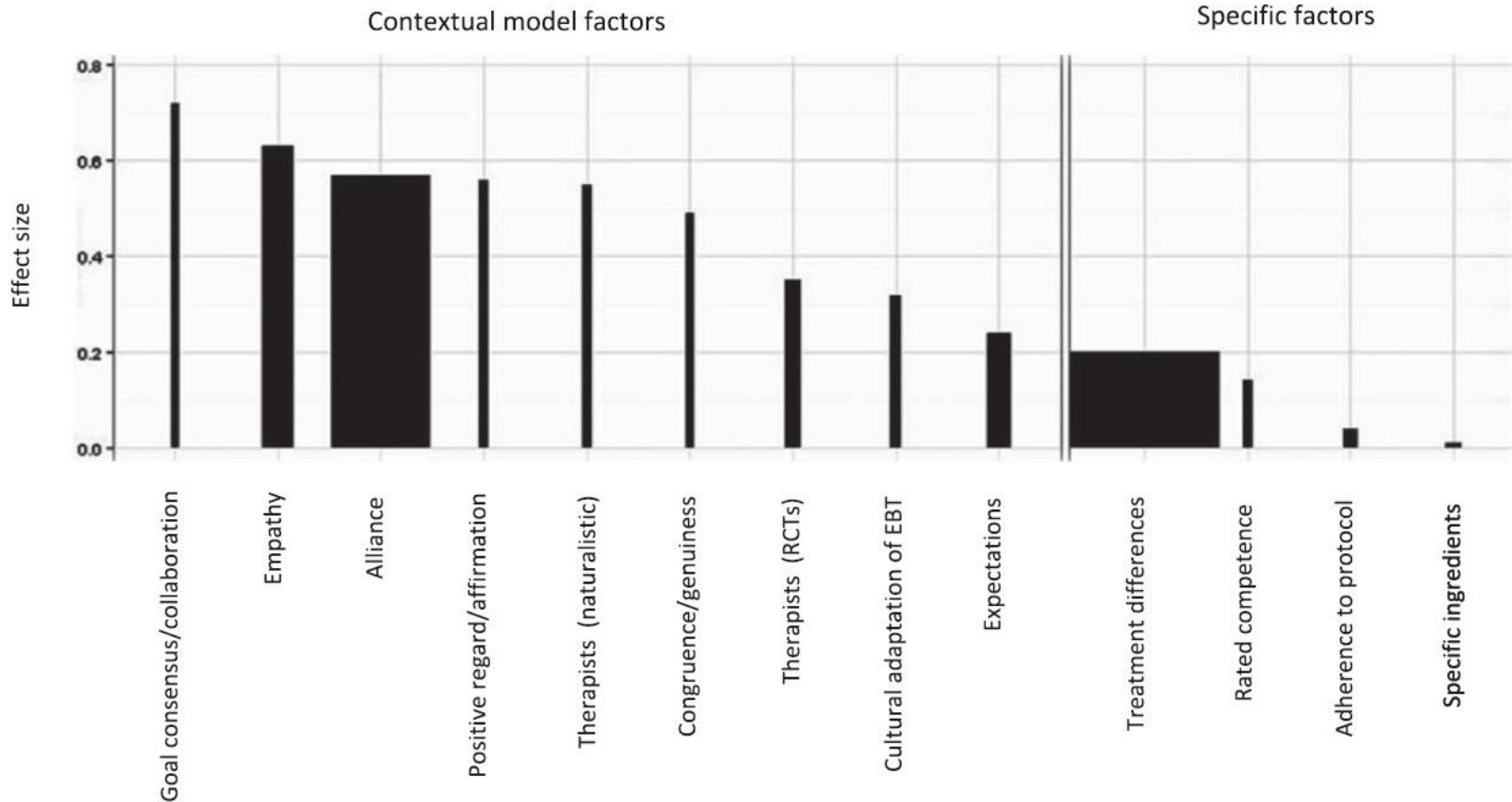
Common factors

- Common factors associated with Psychotherapy Outcome
 - Client & extra-therapeutic Factors (40%)
 - Relationship factors (30%)
 - Model/techniques (15%)
 - Hope/expectancy (15%)

Miller et al. (1997) Escape from Babel: Toward a unifying language for psychotherapy practice



Recent Meta-analysis



Wampold (2015) How important are the common factors in psychotherapy? An update



Master therapists

- Form a stronger allegiance
- Have greater facilitative interpersonal skills
- Express more professional self-doubt
- Spend more time developing therapy skills outside of the actual therapy
 - (e.g. reading or direct practice)

Wampold, Imel (2015) The great psychotherapy debate: the research evidence for what works in psychotherapy



What can you do?

Things to consider at assessment



Relationship: Active Listening



SMART Goals

- **Specific**
 - Focussed
- **Measurable**
 - How will you know when you're achieving/have achieved your goal?
- **Achievable**
 - Desirable but also realistic, given the circumstances
- **Relevant**
 - Important for the *client*
- **Time Bound**
 - Set a target date/time
 - Helps consider time allocation



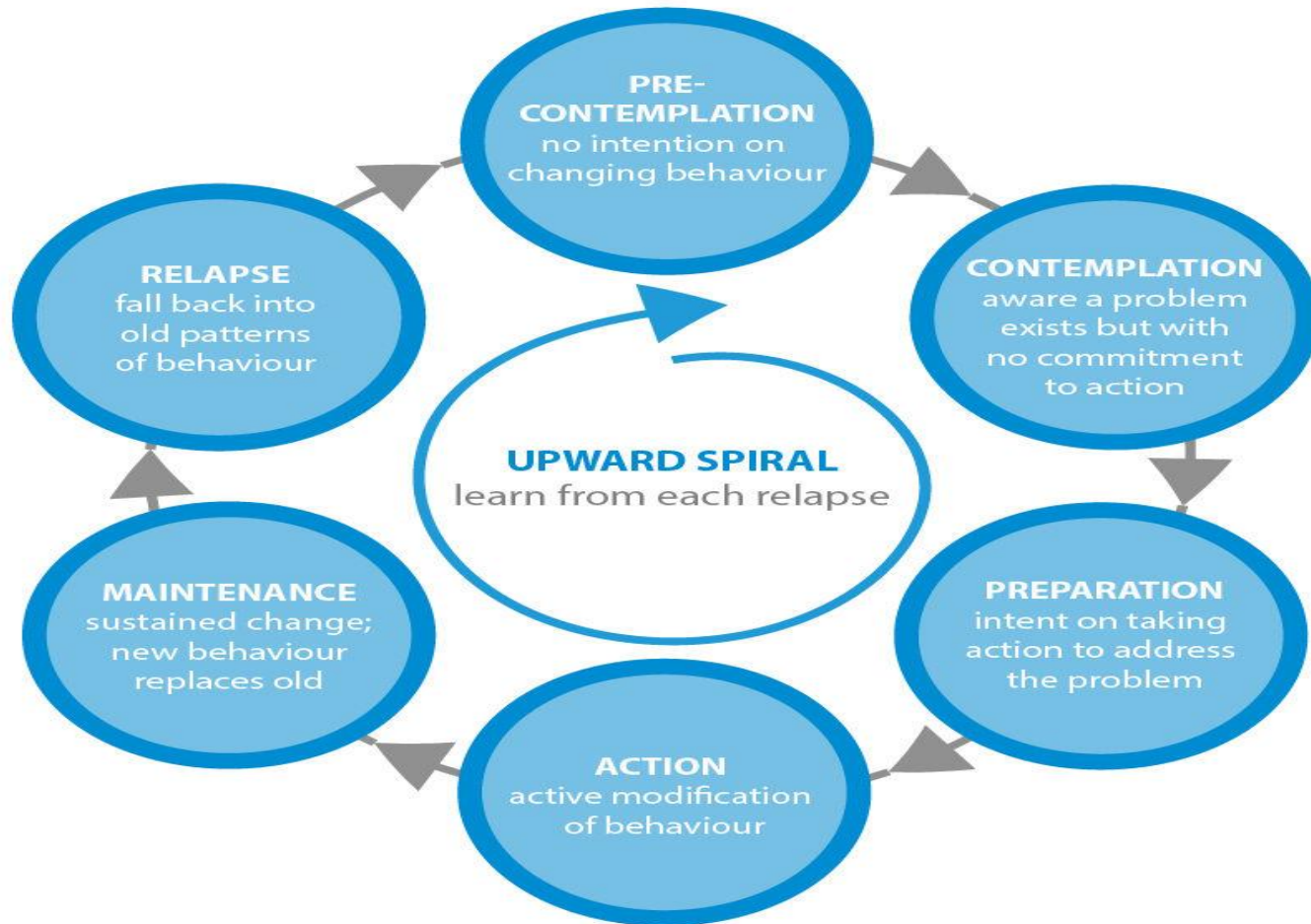
The Miracle Question...

- Suppose I had a magic wand. I wave this wand and all the thoughts and feelings you have been struggling with are no longer a problem for you.
 - What would you do differently?
 - What sort of things would you start doing or perhaps doing more of?
 - How would you behave differently towards others?



Motivation

STAGES OF CHANGE



Motivational interventions

- Pre-contemplation
 - Education: sensitive information giving
- Contemplation
 - Support client to explore ambivalence
 - Increase awareness of consequences of change/no-change
- Preparation
 - Facilitate planning; give options
- Action
 - Acknowledge difficulties
 - Reinforce importance of action
- Maintenance
 - Give affirmation
- Relapse
 - Explore meaning as a learning opportunity



The 'ruler technique'

- Patient: think of a change you've been intending to make.
- Practitioner: "On a scale of 1 – 10, how *important* is it for you to make the change?"
- "OK, why didn't you say [lower number]?"
- Next, "On a scale of 1 – 10, how *confident* are you that you could make the change?"
- "OK, why didn't you say [lower number]?"
- Finally, "What are you going to do now?"



Operationalising the Problem

- Make a problem list
- FIDO: Frequency, intensity, duration, onset
- *Impact* of problem on functioning
- Pre-morbid functioning
- Recent examples
 - This helps gather detail on contributing factors
 - Beliefs/Cognitions (e.g. “everybody hates me”)
 - Affective response (e.g. overwhelming anxiety)
 - Behavioural responses (e.g. avoidance; rumination)
 - Degree of ‘mentalizing’
 - Sophistication of narrative relating to own thoughts/feelings/intentions and those of others



Formulation

- Your understanding of the problem, in context (person, time and system)
- The 5'P's
 - The **P**roblem
 - **P**redisposing factors - *why me?*
 - **P**recipitating factors – *why now?*
 - **P**erpetuating factors – maintaining factors
 - **P**rotective factors – strengths



Questions?

