Introduction to Psychotherapy and Supportive Techniques in the ED

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Psychotherapy and Counselling

- Psychotherapy: Any form of "talk therapy"
- Counselling: implies education and advice-giving
    - May be synonymous with psychotherapy, e.g. stress / marriage / grief counselling
    - Or may be distinguished from psychotherapy as the provision of education - may or may not be provided by health professionals with training in therapy
        e.g. diabetes counselling by RNs, or addictions counselling by case managers or addiction counsellors

A Brief History of Psychotherapy

- Religious and philosophical traditions
    - Gurus, Clerics, Orthodox Christian & Roman Catholic Confession
- Psychoanalysis
    - Started with Freud: "the talking cure" (the first systematic attempt, within the medical community, to make people better by talking to them)
        - Initially patients were "on the couch" 4-6 days per week
        - Freud and subsequent analysts developed theories to explain the development of pathology, and treatment techniques to help correct the developmental trajectory

A Brief History of Psychoanalysis

- Classical Theory,

Freud wrote prolifically from 1895 to his death in 1939

- Also known as "Drive Models" – drive in the sense of motivation or instinct
    - Eros (life, affiliation, sex: libido) & Thanatos (death, aggression, destruction)

1) Topographical model. The mind has three layers: unconscious, preconscious, conscious

- treatment "makes the unconscious conscious" so patients can understand their motivation

2) Structural model. The mind has three components in conflict with each other: Ego (self), Id (drives: sex/attachment, death/aggression), Superego (self-control and ego-ideal)

- treatment helps the patient relinquish the drives of the Id, or tone down the harshness of the Superego

- Schisms in Early Psychoanalysis

Please note that for the purpose of an introductory lecture, the theoretical differences between Freud and these early theorists have been greatly simplified.

- Carl Jung (1875 – 1961) broke with Freud on issues of the unconscious. Jung developed the idea of "collective unconscious" – memories and ideas inherited from our ancestors and "archetypes" – universal patterns and images.

- Sandor Ferenczi (1873 – 1933) "mutual psychoanalysis" broke with Freud regarding the truth of patient's reports of childhood sexual abuse.
- Alfred Adler (1870 – 1937) proposed "Individual Psychology" which utilized an active, solution-oriented, brief approach. Adlerian approach is associated with the child guidance movement in the US that influenced the introduction of "guidance counsellors". One of Adler's students founded the Adler School of Professional Psychology in Chicago with "franchises" in Toronto and Vancouver.
- Karen Horney (1885 - 1952) ['ey' – pronounced long i as in hide] disputed Freud's view of female psychology, such as penis envy.

- Ego Psychology (Anna Freud, Hartmann, flourished1930-60s but ongoing as Modern Conflict Theory)
  - Similar to Freud with more focus on our adaptive functioning and how we defend against anxiety or unacceptable drives (hence "ego defenses": resistance, projection, splitting etc)
  - Movement from shorter term analysis of symptoms to longer term 'character analysis' - akin to our work with Personality Disorders

- Object Relations (Fairbairn, Klein, Winnicott1940-1970 and beyond)
  - object = other people (as in: 'the object of a drive')
  - A handy way of understanding the various schools that fall under the rubric of Object Relations is to replace the word "Object" with "Human"
  - Drew on the metaphor of the infant's early differentiation of the world from an amorphous "id" (Me) to a recognition of a subject (Me) and the object (not Me). The salient "object" for the hungry infant was considered the breast/mother. The flow, supply, and readiness of milk was a metaphor for good nurturing or bad nurturing – a "good" or "bad" object, that would establish the foundation for later human relationships.
  - we internalise early relationships as "good objects" or "bad objects" and relate to people based on those templates; treatment involves increasing awareness of these templates so they become less rigid and less powerful

- Self-Psychology (Kohut, 1970-present)
  - we develop a sense of self from our early needs being met (especially "mirroring" and "idealising")
  - disrupted or unmet developmental needs causes psychopathology
  - treatment involves a combination of the therapist meeting and (accidently) frustrating those needs and empathically reflecting on how the patient can understand their needs and how they react when the needs are not met

- Attachment Theory (Bowlby, Ainsworth, Fonagy, 1960-present)
  - informed by scientific thinking around evolution and animal models
  - healthy development results from secure attachment: safety and consistent parenting create a secure base from which the child can move into the world
  - treatment involves providing a secure relationship with the therapist as well as reflecting on relationship patterns

- Relational Psychoanalysis (Mitchell, Aron, Benjamin, 1985-present)
    - marks a shift in focus to the mutual and co-constructed nature of experience between parent and child, and any two people, including between patient and therapist
    - treatment involves reflecting on relationship patterns: how the patient and therapist both contribute to interactions during therapy, as well as how the patient and others contribute to interactions in the patient's current and early life

- Psychodynamic Psychotherapy (1950s-present)
    - aka "Psychoanalytically-oriented therapy" "Insight oriented" "Intensive" "change-oriented"
    - dynamic = internal conflict
    - people wanted shorter and less intense treatment; also psychiatrists were trained by analysts but not all became analysts
    - "couch to chair", face-to-face, 1-2x/week
    - uses principles from any of the school of psychoanalysis; treatment focuses on reflecting on how early relationships influence current patterns
    - maintained the analytic focus on the therapeutic relationship, tranference and countertransference

A Brief History of the Psychotherapies that Developed in Parallel with Psychoanalysis

While psychoanalysis was developing, there were other traditions and schools of psychotherapy with alternate explanatory models of behaviour and personality. Presented below are a few key traditions and schools that are still relatively influential in practice.

- Behaviourism and Learning Theory (Watson, Cover Jones, Thorndike, Skinner; Wolpe, Bandura, 1920s – present)
    - Watson pioneered the movement in psychology as the study of observable behaviour. He rejected consciousness and introspection as subjective and unscientific.
    - "Little Albert" case, used Pavlov's classical conditioning to condition a fear response to a white rat in an 11-month-old child and demonstrate that the fear response could be generalized to other white objects.
    - Mary Cover Jones, demonstrated deconditioning of fear, by pairing a feared stimulus with a pleasant one.
    - Behaviourism dominated academic psychology, but it was not until the 1950s that clinical applications were developed more fully and widely with Thorndike and Skinner's operant conditioning. For example. Wolpe's systematic deconditioning (1958).
    - Bandura (1969) proposed a social-learning rather than a disease model of human behaviour. The theoretical locus of adaptive and problematic behaviours was the environment (e.g. reward/punishment, modeling, vicarious learning etc.) rather than biology (drives, instincts).

- Carl Rogers: Client-Centered Therapy/Person-Centered Therapy (renamed in 1964)
    - In the two decades following WWII, client-centered therapy was the major alternative to psychoanalysis and greatly influenced university counselling centres.
    - Proposed a "non-directive" approach of accepting a client's feeling and responding to the feelings and not the content
    - Emphasized unconditional positive regard, genuineness, and empathic understanding as sufficient to mobilize the client's self-actualizing tendency
    - Various schools of psychotherapy owe their origins to Rogers. For example, Laura Rice, one of Rogers' graduate students, was on faculty at York University and with Greenberg developed Emotion-Focused Therapy

- Gestalt Therapy (Perls, Hefferline & Goodman, 1951)
    - Fritz and Laura Perls in 1940s & 1950s, both trained as psychoanalysts and greatly influenced by the Western European post-war zeitgeist of phenomenology and existentialism
    - Emphasizes personal responsibility which can be broadly defined as one's self-regulation of biological needs, personal values and environmental demands
    - Psychopathology is understood as an interruption of the continual cycle of needs arising and being satisfied. Therapy involves facilitating awareness on what needs are not being satisfied with the dual goal to connect the client with others and to preserve one's sense of self and autonomy and continue to grow personally.
    - Three fundamental principles in current gestalt therapy: a) field theory (subjective experience is relational and changing); b) phenomenology (subjective experience and the creation of meaning; c) dialogue (therapeutic relationship)

- Existential Psychotherapy
    - Influenced by post-war European existential philosophy and introduced into the US by Rollo May and Adrian van Kaam. May was a trained psychoanalyst who attempted to add one's relationship with oneself as something missing from psychotherapy. One of May's students, Irvin Yalom, is an existential psychotherapist who is best known for his work in group psychotherapy
    - Logotherapy, developed by Victor Frankl following his survival of Aushwitz is another form of existential psychotherapy that developed independently from May's.
    - Existential psychotherapies have in common that human beings find meaning in their life to overcome feelings of despair and emptiness.

Note: some theorists subsume Gestalt under Existential Psychotherapies, while others categorize Person-Centered Therapy, Gestalt Therapy and Existential Psychotherapies under the rubric of Humanistic and Experiential Psychotherapies. Regardless of nomenclature, these therapies can be viewed as an attempt to replace the reductionism of behaviourism and post-positivism with a naturalistic paradigm that emphasized description of the inner (subjective) processes of being human. Ideas of self-actualization (personal growth), personal responsibility, and self-determination are shared across these schools of psychotherapy that is often contrasted with behaviourism.

- Three Waves of Cognitive Behaviour Therapies (CBT)
    - Classical conditioning and operant conditioning are viewed as the first wave of CBT.
    - Behaviourists were finding limitations with the stimulus → response paradigm
    - Information processing was added, arguing that despite Watson's rejection of introspection, thoughts are behaviour. Like appraising a stimulus as a threat is relevant to behaving. To appraise a stimulus, humans relied on attention, memory, and judgement. Classical CBT developed from this perspective.
    - More recently Dialectical Behaviour Therapy, Acceptance and Commitment therapy, Mindfulness, and Cognitive Behavioural Analysis System of Psychotherapy are treatments that have augmented CBT with additional theoretical perspectives.

Manualised therapies were developed in response to demand for shorter work; manuals then allowed research to be done

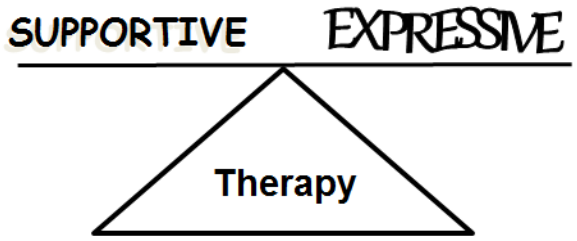
- Cognitive-Behavioural Therapy (CBT), 1960s: Beck, Shaw, Clark
- Interpersonal Psychotherapy (IPT), 1970s: Klerman & Weissman
- Core Conflictual Relationship Therapy (CCRT), 1980s: Luborsky Motivational Interviewing (MI), 1991: Miller, Rollnick
- Dialectical Behaviour Therapy (DBT), 1993: Linehan
- Cognitive Analytic Therapy (CAT), 1990s: Ryle
- Acceptance and Commitment Therapy (ACT), 2005: Hayes, Wilson, Strosahl
- Cognitive Behavioural Analysis System of Psychotherapy (CBASP), 2006: McCullough

Supportive Psychotherapy?

- There is no agreed-upon definition; has a lot in common with eclectic, perhaps integrative treatments
- Term was developed in the early 20th century to distinguish it from psychoanalysis: a brief therapy to help shore someone up, not resolve their issues
- Thus the term is often (incorrectly) used in a devaluing way, implying:
    - "rent-a-friend"
    - only practiced by the unskilled
    - uses generic non-specific factors rather than being its own therapy

The Supportive-Expressive Continuum

- refers to the range of techniques used in therapy (comes from psychoanalysis but can be applied everywhere)
- The "supportive" end refers to sustaining a patient's defenses rather than challenging them; eg providing reassurance or otherwise reducing a patient's anxiety
- The "expressive" end refers to challenging a patient's beliefs, which is uncomfortable and increases anxiety, but also increases insight
- So Supportive Psychotherapy now mainly refers to: the use of primarily supportive techniques (recognising that all therapies use both ends of the spectrum)



- **What Not to Do**
  - interrogate; prioritise content over process
  - cut patient off abruptly
  - forget the information the patient presents
  - not follow leads
  - not explain the process
  - not make eye contact, or show interest in the person

- **Supportive Therapy Techniques**
  - use a conversational style, avoid long silences
  - make empathic statements ("I understand…"), encourage ("you will get through this"), normalising ("anyone would feel that way"), praise ("well done")
  - reframe: find the positive in a tough situation ("this crisis can also be a learning opportunity")
  - name the problem, offer advice, teach skills, anticipate obstacles
  - limited / supportive use of: confrontation, interpretation (making connections between present and past; increase insight)

Norcross, J, Vandenbos, G. R., Freedheim, D. K. (Eds.) (2011) *History of psychotherapy: continuity and change (2nd Ed.).* Washington: APA.