Aston University
Birmingham

Therapeutic Intervention

2008 / 9

Peter Reddy


ston University


Schwiiz!

Aston University
Birmingham

Aston University
Birmingham

Aston University
Birmingham

A brief dip into a vast area

- This is a ten-week academic course - by contrast the DClinPsy clinical qualifying course is three years long with practical, personal development and experiential as well as academic elements
- Modest aims; no supervised practical experience, no skills development training or personal development groups
- But we will introduce some key academic themes in counselling and clinical psychology

The module

- Uses a variety of texts and journals (mostly available electronically) – so you need good library skills
- Seminar programme as well as lectures – contribute your view and talk about what you have read
- Main focus is on the outcome of therapy
  - Does therapy work? How well?
  - Is therapy care or cure?
  - What therapies work best or are they all the same?
  - Can therapies be matched to clients and conditions?
  - How do therapies work, are there general or specific mechanisms?
  - What is the evidence base for all this & how good is it?
  - What sort of evidence is appropriate?
  - Is evidence of outcome for ‘cure’ the same as for ‘care’
  - How do you do therapy? Can it be trained? How are therapists trained?

Pluralité des modèles psychothérapiques

programme

We are not alone! This is what Doris Vasconcellos is doing at the Institut de Psychologie, Université Paris Descartes:

04.10	Évolution des psychothérapies
11.10	Facteurs impliqués dans le processus thérapeutique
18.10	Le processus de changement
27.10	Psychothérapies Familiales
08.11	Psychothérapies Familiales
15.11	Psychothérapies cognitivo-comportementales
22.11	Psychothérapies cognitivo-comportementales
29.11	Psychothérapies cognitivo-comportementales
06.12	L'alliance thérapeutique
13.12	Évaluation des psychothérapies

Aston University
Birmingham

Key Journals

- There is a wealth of material available on **PsycArticles** www.psycinfo.com/library/ and you should consult recent editions of these and other journals:
  - *Journal of Consulting and Clinical Psychology*
  - *Journal of Counselling Psychology*
  - *Psychological Bulletin*
  - *British Medical Journal*
  - *American Psychologist*

Key Texts

- McLeod, J. (2003). *An Introduction to Counselling* (3rd edn.) Buckingham. Open University Press.
- Bergin, A.E., Garfield, S. L. and Lambert, M.J. (2004). *Bergin and Garfield's Handbook of Psychotherapy and Behavior Change*. (5th edn.) New York, Wiley.
- Feltham, C. (ed.) (2002). *Controversies in Counselling and Psychotherapy.* London: Sage.
- Feltham, C. (ed.) (2002). *What's The Good of Counselling and Psychotherapy?* London: Sage.
- Dryden W. (ed). (2002). *Handbook of individual therapy*. (4th. Edn.) London. Sage.
- Dryden W. and Feltham C., (eds). (1992). *Psychotherapy and its discontents.* Buckingham. Open University Press

- As well as Amazon and ebay, try abebooks for second hand copies: www.abebooks.co.uk

Aston University
Birmingham

The *context* of therapy in Britain – where are we coming from?

- 19th Century: moral treatment, phrenology
- Impact of war: psychoanalysis & shellshock
- Post-war: welfarism, drug revolution and optimism, rise of clinical psychology
- 70's - 80's: anti-psychiatry, community care, disillusion with drugs, pessimism
- 90's to present: privatisation, quasi-markets, consumerism, evidence based practice

Context of therapy: Growth

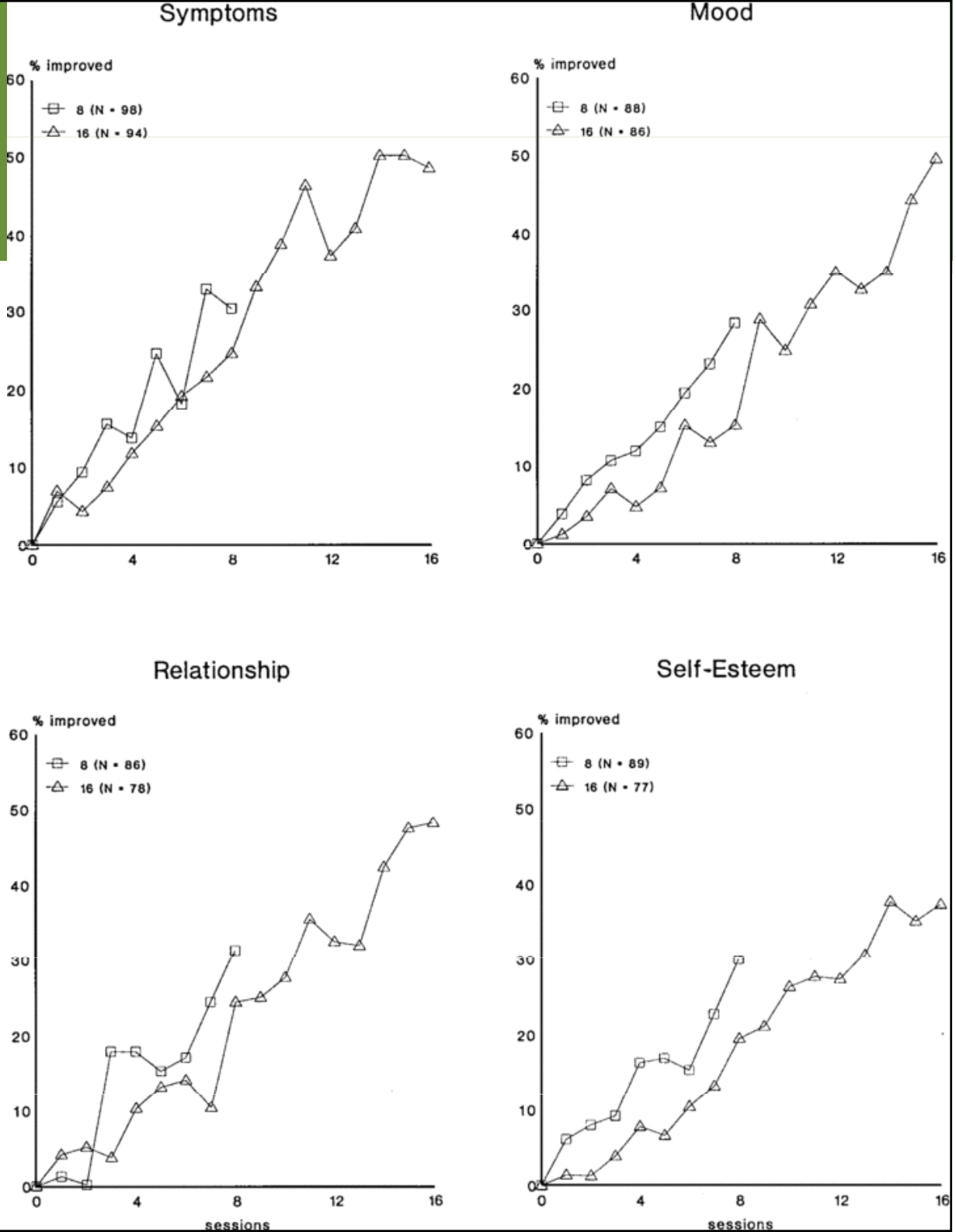
- Growth in different approaches to therapy
  - hyper-inflation in theoretical diversity
  - Over 400 distinct models (Karasu 1986)
- Growth in participation
- Growth in demand - part of private health care,
  - raised expectations?
- Growth in criticism - consumerism

Context: changing funding/political climate

- Demand for social goods is rising faster than for consumer goods
  - Why? What are social goods?
- Governments supply social goods
- Political pressure for lower taxes
  - = privatisation and/or pressure to raise productivity
  - So research into clinical utility or (cost) effectiveness rather than efficacy
  - Dose-effect curve
  - Managed care
  - Evidence-based practice

Barkham et al 1996 JC & CP

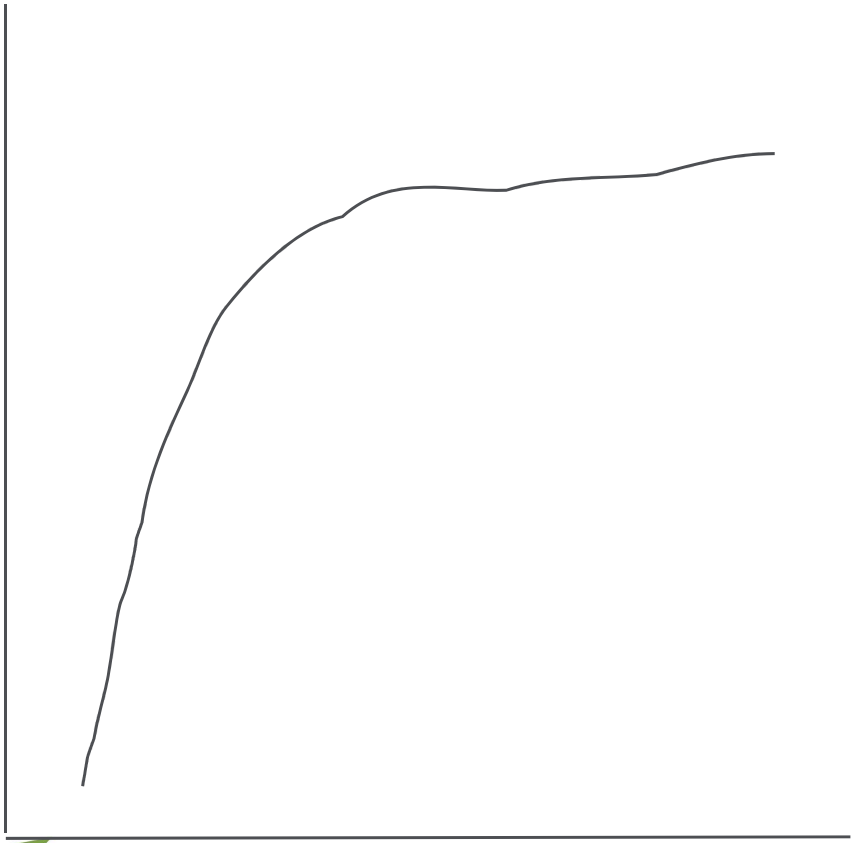
- Dose-effect curves



Aston University
Birmingham

Dose effect curve

Hansen, Lambert & Foreman (2002) *Clinical Psychology: Science and Practice*



Few studies on dose-response relationship - general consensus is that 13-18 sessions are required for 50% of patients to improve. Reviews reveal that in carefully controlled treatments, 58% to 67% of patients improve within 13 sessions. Using naturalistic data, however, shows the average number of sessions received in a national database of 6,000 patients was less than five. The rate of improvement in this sample was only 20%, suggesting that patients, on average, do not get enough therapy, or recover at rates observed in clinical trials research.

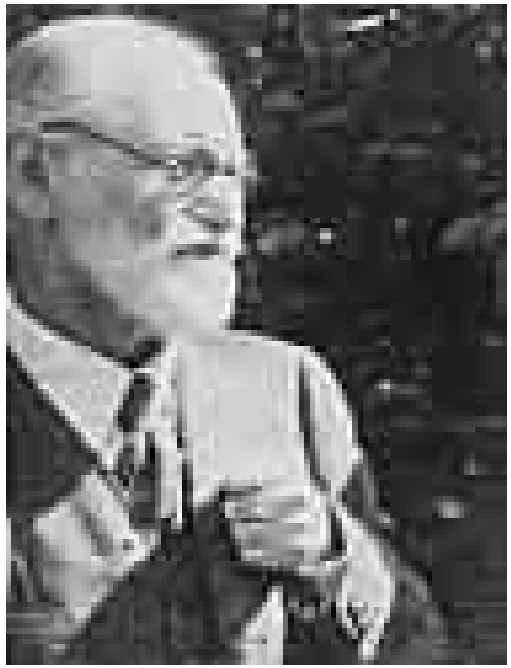
Aims of therapy / counselling

- put into our own order of importance

- Acquisition of social skills
- Behaviour change
- Cognitive change
- Empowerment
- Generativity and social action
- Insight
- Problem solving
- Psychological education
- Restitution
- Relating to others
- Self acceptance
- Self actualisation or individuation
- Self awareness
- Systemic change
  - Adapted from McLeod 2003, pages 12-13

The first talking cure; Freudian roots of the Psychodynamic approach

- therapeutic model
- historical context
- image of the person
- conceptions of disturbance and health
- acquisition/perpetuation of disturbance/change
- goals of therapy



…continued

- selection
- qualities of effective therapists
- therapeutic relationship and style
- strategies and techniques
- change process
- limitations
- case example

Other theoretical models

- Object relations & Kleinian Psychodynamic therapies
- Behavioural therapy
- Humanistic person-centred therapy
- R.E.T. and other cognitive therapies
  - These are the four core approaches in individual therapy
  - Many other therapies, can be thought of as drawing on the same theoretical roots, some have alternative focus, eg. Systemic therapy, narrative therapy

Psychoanalysis in the UK

- Ernest Jones, Strachey translated into English
- Impact of WW1 – Shell shock, army psychiatry, W.H.Rivers at Craiglockhart
- Melanie Klein & other refugees
- Divergent strands
- WW2, foundation of NHS
- Anna Freud, Melanie Klein, the middle group

Aston University
Birmingham

Object relations & Kleinian Psychodynamic therapies

- 3 versions of how we absorb the social world and create the internal world of subjective experience
- Freudian, Kleinian models instinct based drive to seek others
- Object relations models (Winnicott, Fairbairn) about relating to others

Melanie Klein

- Internal world densely populated with polarised versions of people
- represent innate drives & unconscious phantasies rather than real others
- defences of splitting & projection
- potentially fragmented model of self
  - depressive position
  - paranoid-schizoid position

Object relations

- Relating drives social life
- self and internal world made from internalised versions of others & relationships with others
- shift in theory towards real experiences with real people - we seek emotional contact with people (Fairbairn)
- schizoid tendencies - withdrawn, isolated, low affect, fearful of intimacy

Evaluation

- Depends on your epistemological position
- Vague, intuitive, unvalidated from a strictly positivist standpoint
- Primarily about understanding & treating neurosis, not a scientific theory
- Remains useful and therefore influential in clinical practice
- Decline in authority of positivism has given it a new lease of life?

Why has psychoanalysis been so influential?

- Seems to offer an ability to see behind the mask of self-presentation
- a way to reach below the surface to deeper meaning, truth, reality.
- Influential in theatre (Hamlet, Ibsen), literature, anthropology, classics, marketing and much else
- Its language now permeates society

What survives?

- 3 sets of concepts:
- Related to practice;
  - *free association, transference, resistance, identification, interpretation*
- Related to mental structure;
  - *defence, splitting, unconscious mental processes*
- Concerned with early development;
  - *infantile sexuality, fixation, regression, Oedipus complex*

Further reading

- See chapter in Dryden or McLeod. Also;
- Entries by Zangwill and Padel in: Gregory, R.A. (Ed.) (1987) *The Oxford Companion to the mind*. Oxford. Oxford University Press
- Thomas, K. (1996) 'The defensive self: a psychodynamic perspective'. In: Stevens, R. (ed) *Understanding the self.* London. Sage / OU
- Thomas, K. (1996) 'The psychodynamics of relating' In: Miell, D. and Dallos, R. (eds) *Social interaction and personal relationships*. London. Sage / OU