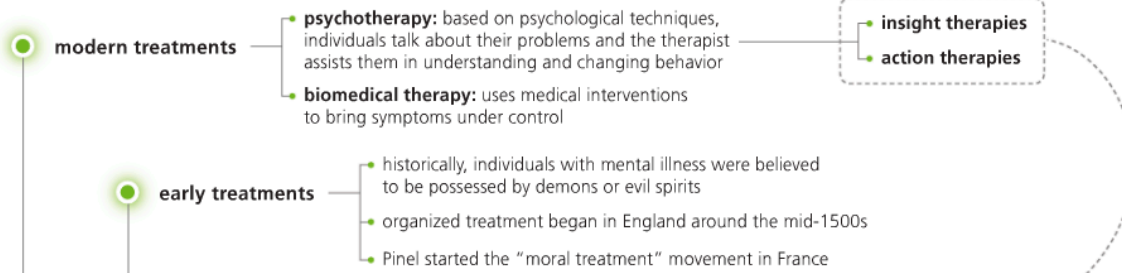


Table 15.1 Characteristics of Psychotherapies

TYPE OF THERAPY	GOAL	KEY PEOPLE
Psychodynamic therapy	Insight	Freud
Person-centered therapy	Insight	Rogers
Gestalt therapy	Insight	Perls
Behavior therapy	Action	Watson, Jones, Skinner, Bandura
Cognitive therapy	Action	Beck
CBT	Action	Various professionals
REBT	Action	Ellis

15.4–6 15.7





Psychological Therapies



Humanistic Therapy

(focuses on the conscious, subjective experience of emotion and people's sense of self; promotes insight and emphasizes the importance of individual choice and the potential to change one's behavior)

(continued)

Table 15.2 Types of Drugs Used in Psychopharmacology

CLASSIFICATION	TREATMENT AREAS	SIDE EFFECTS	EXAMPLES
Antipsychotic: Typical Neuroleptic	Positive (excessive) symptoms such as delusions or hallucinations	Motor problems, tardive dyskinesia	Chlorpromazine, Droperidol, Haloperidol
Antipsychotic: Atypi- cal Neuroleptic	Positive and some negative symptoms of psychoses	Fewer than typical neuroleptics; clozapine may cause serious blood disorder	Risperidone, Clozapine, Aripiprazole
Antianxiety: Minor Tranquilizers	Symptoms of anxiety and phobic reactions	Slight sedative effect; potential for physical dependence	Xanax, Ativan, Valium
Antimanic	Manic behavior	Potential for toxic buildup	Lithium, anticonvulsant drugs
Antidepressants: MAOIs	Depression	Weight gain, constipation, dry mouth, dizziness, headache, drowsiness, insomnia, some sexual arousal disorders	Iproniazid, Isocarboxazid, Phenelzine sulfite, Tranylcypromine sulfate
Antidepressants: Tricyclics	Depression	Skin rashes, blurred vision, low- ered blood pressure, weight loss	Imipramine, Desipramine, Amitriptyline, Doxepin
Antidepressants: SSRIs	Depression	Nausea, nervousness, insomnia, diarrhea, rash, agitation, some sexual arousal problems	Fluoxetine, Sertraline, Paroxetine

effectiveness is not easy to study due to different theories, techniques, time frames for success, etc.; tendency of some therapists to be eclectic (using variety of techniques) is also a challenge

where effective, greater success is often tied to the relationship between the therapist and client (therapeutic alliance), a sense of safety, and longer time in therapy

cultural, ethnic, and gender concerns should also be examined; these factors can affect not only the therapeutic alliance but problem identification and treatment options as well

Does Psychotherapy Work?

psychopharmacology
the use of drugs to control or relieve the symptoms of a psychological disorder; may be used alone or in combination with other therapies (see Table 15.2)

- **antipsychotic drugs:** treat psychotic symptoms such as hallucinations, delusions, and bizarre behavior; include the typical neuroleptics, atypical neuroleptics, and partial dopamine agonists; work by blocking certain dopamine receptors in the brain; long-term use has variety of risks, both behavioral and cognitive
- **antianxiety drugs:** address anxiety disorders; include the minor tranquilizers (benzodiazepines) that have a sedative effect; also have potential for addiction and abuse; antidepressant drugs also used to treat anxiety disorders
- **antimanic drugs:** address the manic episodes associated with bipolar disorder; most common is lithium; may also include anticonvulsants and antidepressants used to treat anxiety disorders
- **antidepressant drugs:** are used to treat symptoms of depression and include monoamine oxidase inhibitors (MAOIs), tricyclic antidepressants, and selective serotonin reuptake inhibitors (SSRIs)

Biomedical Therapies

electroconvulsive therapy

- still used to treat severe depression and a few other disorders that have not responded to other forms of treatment
- involves the application of an electric shock and resulting seizure that appears to normalize the balance of neurotransmitters within the brain
- traditional side effects (extreme memory loss, broken bones) have been minimized by lower levels of current and the use of both muscle relaxers and anesthesia

psychosurgery

- used as a last resort, involves cutting into the brain to remove or destroy brain tissues associated with symptoms of a mental disorder
- prefrontal lobotomies were widely used in the mid-1900s up until the development of antipsychotic drugs
- at present, bilateral cingulotomy (involves selective areas of cingulate gyrus) is used, primarily for obsessive-compulsive disorder; has also been used with depression and bipolar disorder