ABC of mental health

Psychological treatments

Phil Richardson

The range of procedures that pass for a psychological treatment is broad. Over 450 distinct forms of psychotherapy have been identified, although many can be reduced to a narrower set of therapy types. The great diversity of available psychological treatments remains a potential source of confusion for referrers, service users, and purchasers. Confusion may also surround standards of training and practice. Training in psychotherapy and counselling abounds in Britain, which has no formal registration for either activity and no single professional accreditation body.

The recent review of psychotherapy services in the NHS underlines the efficacy and importance of psychological treatments for mental disorders. A joint statement from the British Psychological Society and Royal College of Psychiatrists identifies the need to develop integrated psychological therapy services within the NHS that can offer assessment, treatment, and training in psychological treatments.

Referral to a coordinated psychological treatments service may obviate the need for general practitioners and others to make difficult referral decisions about particular forms of treatment. However coordinated treatment services are not yet widely available, and referrers may be left to find their way through a maze of local services.

Cognitive-behaviour therapy

The term cognitive-behaviour therapy refers to a group of therapies that include behaviour therapy, behaviour modification, and cognitive therapy in various combinations. Despite their theoretical distinctness, the dividing line between cognitive and behaviour therapies is a fine one.

Behavioural approaches draw on the principles of Pavlovian “classical” conditioning (systematic desensitisation, aversion therapy), Skinnerian operant conditioning (contingency management, activity scheduling), or social learning theory (participant modelling). A formal behavioural analysis of a patient's problem is typically followed by individually tailored application of techniques to change behaviour. A change in behaviour is viewed as paramount, both as a therapeutic aim in its own right and in mediating other symptomatic improvement.

Cognitive approaches emphasise how cognitions mediate feelings and behaviour. They aim to modify thought processes directly. Therapy consists of identifying maladaptive and often automatic thought patterns (such as hopelessness in depression) and teaching patients to recognise and challenge these.

In fact, cognitive therapists commonly use behavioural techniques as a way of learning about cognitive responses to events (such as exposure to a frightening situation). Conversely behavioural work often focuses on cognitive activity (such as mental images of a feared object in desensitisation).

Psychodynamic therapy

Psychodynamic approaches aim to go beyond symptomatic change by resolving the unconscious conflicts that are thought to underlie symptoms. Long term psychodynamic psychotherapy may last several years and seeks to achieve a fundamental change in personality. Its availability in the NHS is limited: few services can offer it on an inpatient basis, though several retain some scope for outpatient work.

Psychological treatments most commonly available in NHS

- Cognitive-behaviour therapy
 - Psychodynamic psychotherapy
 - Family therapy
 - Group therapy
 - Various forms of counselling
 - Eclectic and integrative approaches
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Cognitive-behaviour therapy

Psychotherapies

- Based on both behavioural and cognitive theories
- Structured
- Prescriptive rather than primarily exploratory
- Uses formal techniques for behavioural or cognitive change
- Focused on enabling patients to think and act differently

Treatment

- Individual or group
 - Short term or long term
 - Inpatient or outpatient
 - Typically, it is offered on an individual outpatient basis for a limited course (between 8 and 24 weekly therapy sessions)
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Indications for cognitive-behaviour therapy*

Type of problem

- Marked anxiety (panic, phobias, post-traumatic stress disorder, generalised anxiety disorder)
- Obsessions and compulsions
- Depression (especially with negative thoughts about self and others)
- Behavioural problems (eating disorders, sleep problems, uncontrollable anger, habit disorder)

Severity of problem—Moderate to severe

Chronicity of problem—Six months or more

Patient factors—Preference for change in symptoms or other concrete or practical target rather than for self exploration

*Adapted from Cape et al (see reading list)

Psychodynamic psychotherapy

Psychotherapeutic techniques

- Exploratory
- Based on psychoanalytic theory, the distinctive feature of which is the focus on resolution of unconscious conflicts

Treatment

- Makes direct use of the transference (the patient's experience of the therapist and therapeutic relationship)
 - Aims to promote greater conscious understanding of difficulties by the patient and to enable assimilation of potentially painful and previously avoided experience
 - Traditionally long term, but brief variants also available
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Brief psychotherapy typically lasts for six months with weekly or twice weekly sessions. Therapeutic work is focused on specific issues in the expectation that improved understanding will enable patients to arrive at more lasting symptomatic change through a process that may extend beyond the end of the treatment.

There has been a growing rapprochement in recent years between the perspectives of psychodynamic and cognitive therapists. For example, a number of psychoanalytic concepts have been recast within a cognitive framework, but the therapeutic focus on the resolution of unconscious conflict remains a distinctive feature.

Counselling

There is no universally agreed definition of counselling and limited consensus over the distinction between counselling and psychotherapy. In practice, counselling is commonly practised in primary care and the voluntary sector, usually on a short term basis (4-10 sessions) by individuals who are not from the core mental health professions but usually have a formal qualification in counselling itself.

A broad distinction can be made between methods based on a specific theoretical framework (such as psychodynamic counselling) or targeting a particular problem (as in bereavement counselling) and generic counselling, which draws on a range of general interpersonal skills (such as reflective listening) and, in Britain, is commonly built on a humanistic or client centred foundation. Counselling is often used to help people cope better with the distress associated with immediate crises, to understand better their reactions to events, and to make decisions more effectively about important issues.

Eclectic and integrative approaches

Many practitioners of psychological treatments draw on the principles of various therapeutic approaches while working with an individual patient. For example, clinical psychologists may develop a broad based psychological formulation of a patient's problem using general psychological principles. Depending on the identified foci for intervention, several different methods may then be combined in the course of treatment. This eclectic approach has the advantage of flexibility, but it is difficult to evaluate since its nature changes from case to case and therapist to therapist.

Integrative approaches to therapy also combine the precepts and practices of different therapeutic methods, but in a way that recombines the elements to form a new coherent structure. In Britain cognitive-analytic therapy is a promising and increasingly popular form of brief integrative therapy which builds on the elements of both cognitive-behaviour therapy and psychodynamic psychotherapy.

Family therapy

Traditional family therapy exemplifies the "systemic" approach to understanding and modifying problematic behaviour and experience. The family (or other social system), rather than the individual patient, becomes the focus of understanding and intervention. A patient's problem is seen as serving a strategic function in maintaining some aspect of the family's functioning. The therapist's task is to identify this function and help the family move towards a more adaptive mode of operation.

Family therapists may use direct behavioural modification of a symptom, not as a therapeutic end in itself but as a means to identify the dysfunctional family system. Modifying the system

Indications for psychodynamic psychotherapy*

Type of problem

- Personality problems and severe interpersonal difficulties
- Any symptomatic presentation in which the problem can be understood in terms of patient's life circumstances or way of viewing the world

Severity of problem—Moderate to severe

Chronicity of problem—One year or more

Patient factors

- Interest in self exploration
- Adequate capacity to tolerate frustration and psychic pain

*Adapted from Cape et al (see reading list)

Indications for counselling*

Problems

- Adjustment reactions (to life events, illness, loss, etc)
- Situational anxiety or stress
- Low mood or subclinical depression
- Marital or relationship problems
- Interpersonal problems

Severity of problem—Mild to moderate

Chronicity of problem—Recent onset (< 1 year) except for interpersonal problems

Patient factors—Preference for brief treatment

*Adapted from Cape et al (see reading list)

Problems in evaluating the psychotherapies

- A relative shortage of controlled trials examining the efficacy of psychodynamic therapies
 - Evidence which reaches the highest standards of methodological rigour (from well conducted randomised controlled trials) is least typical of ordinary clinical practice, where the conditions of the controlled trial are least likely to apply
 - Treatment trials and reviews are commonly organised around problem domains (anxiety, depression, etc), and tell us about the progress of the average treated patient compared with that of the average untreated one. Evidence from research on the relation between patient characteristics and therapy outcome points to the fact that there is no average patient
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Where to find help

- Self help groups and voluntary organisations are available in many areas and may provide counselling and assertiveness training as well as psychotherapy for specific psychological problems
 - Local libraries often stock self help manuals, relaxation tapes, and other helpful material as well as lists of local voluntary services
 - A counsellor or psychologist, located in a primary care setting, will deal with a wide range of minor psychological problems and refer patients on to specialist services when appropriate
 - Marital or couple therapy is available from RELATE, or other voluntary organisations, in many areas
 - Patients with phobic and obsessional disorders may be referred for behavioural treatment
 - Patients with anxiety or depression may be referred for cognitive-behaviour therapy or cognitive-analytic therapy (depending on local provision)
 - Patients with longstanding "neurotic" or personality problems may benefit from referral for psychodynamic therapy
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itself may also be achieved through the planned application of various specific technical manoeuvres (such as positive reframing of the symptom, symptom prescription, paradoxical injunction).

In principle, systemic approaches to therapy make no prior assumption about the membership of the social group at which the intervention is targeted. "Adult" families, partial families, and other social groups are equally eligible for systems-based work. Family therapy is often available in child and adolescent mental health services, where a child presents initially as the patient but is viewed as the vehicle of expression of a dysfunctional family system.

A similar approach might be considered in any case in which there is obvious family involvement in the presenting problem. There is evidence for the effectiveness of this approach in eating disorders (especially in younger anorectic patients), psychophysiological disorders, and disruptive disorders in childhood.

Group therapy

Group therapy is a portmanteau term for a wide range of therapeutic approaches in which several patients come together for therapy at the same time and place with one or more therapists. Therapeutic groups may be run according to the principles of any theoretical approach (for example, cognitive-behaviour therapy, psychodynamic therapy); they may be open (in which new members can join the group after its inception) or closed; inpatient or outpatient; time limited or open ended; and their focus may be highly specific (anxiety management groups) or very broad (psychoanalytic group psychotherapy).

Although the economic advantages of therapeutic groups are self evident, group therapy is not a collective or diluted form of individual therapy. Virtually all group therapies draw on the idea that group processes themselves may be therapeutic. Whenever individual psychotherapy is being considered then it may also be worth considering referral for group therapy. However, assessment for inclusion in a group must take account of the specific group's characteristics, and of the patient's preference for individual therapy or aversion to a group.

Choice of therapeutic method

Neither a psychiatric diagnosis nor a clearly identified psychological problem can be regarded as automatic pointers to a particular psychotherapy of choice. Choice of treatment requires assessment of factors that bear on the probable success of a particular treatment for a particular patient. When possible, initial referral should be to a coordinated psychological treatments service with expertise in assessment and access to a range of specific therapies, including specialist clinics (such as for psychosexual problems).

In principle, these decisions should be evidence based, but, as in several other areas of health care, the available evidence is largely insufficient to the task. Cape et al have collated the main empirical and consensus evidence of the benefits of the most common forms of individual psychological treatment available in Britain in the form of a referral guideline (see reading list).

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Family psychoeducation in schizophrenia

- In recent years a distinct form of family work has been developed for families of schizophrenic patients
- After the discovery of the critical importance for recovery—or relapse—of the family's responses to the patient after a schizophrenic episode, a form of family therapy has been developed using educational, behavioural, and skills training approaches to enable family members to interact in ways that reduce the likelihood of subsequent relapse
- There is good evidence for the effectiveness of these methods, and training in them is becoming increasingly available to psychologists, psychiatrists, and nurse therapists

Main organisations accrediting psychotherapists in Britain

United Kingdom Council for Psychotherapy (UKCP)—Accrediting body for professional training in psychotherapy, it lists 71 training organisations in its 1995-6 national register but does not include all organisations offering psychotherapy training

British Confederation of Psychotherapists (BCP)—Comprises 10 psychotherapy organisations and includes most consultant psychotherapists in the NHS

British Association for Counselling (BAC)—Accredits a large number of formal training courses in counselling

Royal College of Psychiatrists (RCPsych)—Provides specialist training guidelines and accreditation criteria for the psychological therapies

British Psychological Society (BPS)—Provides specialist training guidelines and accreditation criteria for the psychological therapies

English National Board for Nursing (ENB)—Approves a network of specialist nurse therapy training courses

Members of other mental health professions (occupational therapists and art therapists) are increasingly likely to offer counselling or other psychological treatment methods

Factors affecting choice of psychotherapeutic method

The problem	The patient
• Nature	• Preferences
• Chronicity	• Interests (focused on symptoms or interested in self understanding)
• Severity	• Attitudes ("psychological mindedness")
• Complexity	• Capacities (to tolerate painful emotions in therapy)

Further reading

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