Psychology Study Sessions Summary

Key Theories & Concepts

Psychoanalysis (Insight Therapy)

- Recovery from unconscious conflicts, motives, and defenses
- Techniques: free associations, dream analysis, transference
- Disturbances viewed as unconscious conflicts
- **Resistance**: When clients resist revealing certain thoughts
- **Transference**: Client relates to therapist as someone else from past
- Counter-transference: Therapist treats clients like people from their past
- **Joseph Breuer**: Treated "Anna O." which inspired psychoanalysis
- **Sigmund Freud**: Developed psychoanalysis after Breuer's work

Client-Centered Therapy (Humanistic)

- Developed by Carl Rogers
- Three critical conditions:
 - o **Genuineness** (congruence)
 - Unconditional positive regard (acceptance without judgment)
 - Accurate empathy
- Focus on the person, not the behavior
- Creates safe environment where clients confront shortcomings without feeling threatened
- Conditions of worth: Belief that affection is conditional; contributes to psychological problems

Behavioral Therapy

- Based on learning principles to change maladaptive behaviors
- Core idea: "What's learned can be unlearned"
- Systematic desensitization (developed by Joseph Wolpe):
 - 1. Create anxiety hierarchy

- 2. Learn relaxation techniques
- 3. Gradually work through hierarchy while maintaining relaxation
- **Token economies**: Using tokens to represent success/rewards
- Social skills training: Improving interpersonal interactions
- **Behavioral rehearsal**: Practicing skills in safe environment

Cognitive-Behavioral Therapy (CBT)

- Aaron Beck: Developed ABC model (Activating event, Beliefs, Consequences)
- Focuses on changing negative thoughts and beliefs
- Albert Ellis: Developed Rational Emotive Behavior Therapy (REBT)
- Challenges irrational belief systems
- Mindfulness-based cognitive therapy (Zindal Segal): Blends meditation with cognitive therapy

Gestalt Therapy

- Developed by Fritz Perls
- Focus on present moment awareness and emotional expression
- "Two chairs" technique for imaginary conversations
- Emphasis on being authentic and present

Biomedical Approaches

- Anti-psychotic medications: Target dopamine (schizophrenia, hallucinations, delusions)
- Anti-depressants:
 - o SSRIs: Selective Serotonin Reuptake Inhibitors
 - o **SNRIs:** Serotonin and Norepinephrine Reuptake Inhibitors
 - o **Tricyclics**: Risk of cardiovascular problems
- Mood stabilizers: For bipolar disorder (lithium, requires monitoring)
- MAO Inhibitors: Clean up neurotransmitters, can interact with food/meds
- **Benzodiazepines**: Act on GABA system for anxiety

- ECT: 75% remission rate for major depression, can cause memory loss
- TMS: Less invasive than ECT
- Limitations: Don't teach coping, don't address maladaptive thinking, not holistic

Therapeutic Alliance

- Common factor across approaches
- Key elements: emotional support, hope, opportunity to express feelings
- **Hope**: Significant element contributing to therapy effectiveness
- Active listening: Reflection, paraphrasing, minimal encouragers

Treatment Approaches for Specific Conditions

PTSD Treatment

- Military PTSD may not respond as well to exposure therapy as civilian PTSD
- Better outcomes linked to longer therapeutic relationships
- Mindfulness approaches may prevent trauma reliving
- **Project Trauma Support**: Program for military/first responders

Al in Mental Health

- Studies show significant improvements with Al-powered therapy chatbots
- Raises questions about therapeutic alliance with non-human entities
- Currently viewed as supplemental support

Psychedelic-Assisted Therapy

- Growing research on MDMA, psilocybin (mushrooms) for therapy
- Requires in-person therapeutic guidance

Cultural Considerations

- Language barriers significant obstacle to mental health service utilization
- Two-Eyed Seeing: Integrates Western and Indigenous methods
- Cultural factors significantly influence treatment effectiveness

Community Mental Health

- Deinstitutionalization: Moving from psychiatric hospitals to community care
- Revolving door phenomenon: 40-50% readmitted within a year
- Problems with homelessness among those with mental illness
- 1/3 of homeless people have severe mental illness
- Many end up in prison system rather than treatment

Research Findings

- Regression toward the mean: Statistical phenomenon where extreme measurements move closer to average in subsequent testing
- Most therapeutic approaches show similar effectiveness
- Specific disorders respond better to specific treatments (e.g., phobias to systematic desensitization)
- Teletherapy generally as effective as in-person therapy
- Long-term medication studies show some medications may have limited efficacy

Common Misconceptions

- Different personality types may respond better to different therapeutic approaches
- Multiple therapeutic approaches and professional titles can confuse clients
- Financial barriers are a significant obstacle to treatment access
- Research by pharmaceutical companies may have conflicts of interest

Glossary

- Free association: Client says whatever comes to mind without censorship
- **Transference**: Client projects feelings about others onto therapist
- **Counter-transference**: Therapist projects feelings onto client
- Systematic desensitization: Gradual exposure therapy with relaxation
- **Token economy**: Behavioral system using tokens as rewards
- Tardive dyskinesia: Side effect of anti-psychotic medications causing involuntary movements

- **Revolving door phenomenon**: Cycle of hospitalization, release, and rehospitalization
- **Two-Eyed Seeing:** Therapeutic approach combining Western and Indigenous knowledge
- **Cultural humility**: Ongoing self-reflection about limitations in cross-cultural therapy
- **Conditions of worth**: Rogers' concept that psychological problems arise when people believe love is conditional