Basics of Mental Health & Clinical Psychiatry
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Lecture 33
Psychotherapy-I

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Hello everyone. Let us start lecture number 33. It is about psychotherapy. The concepts which we will be covering here is evolution of psychotherapy, how the psychotherapy has evolved from psychoanalytic to psychodynamic, psychotherapy, its various types, the concept of interpersonal therapy, the dialectical behaviour therapy, cognitive behavioural therapy, transactional analysis, mentalisation based therapy, transtheoretical model, motivational interviewing, and acceptance commitment therapy, and family therapy.

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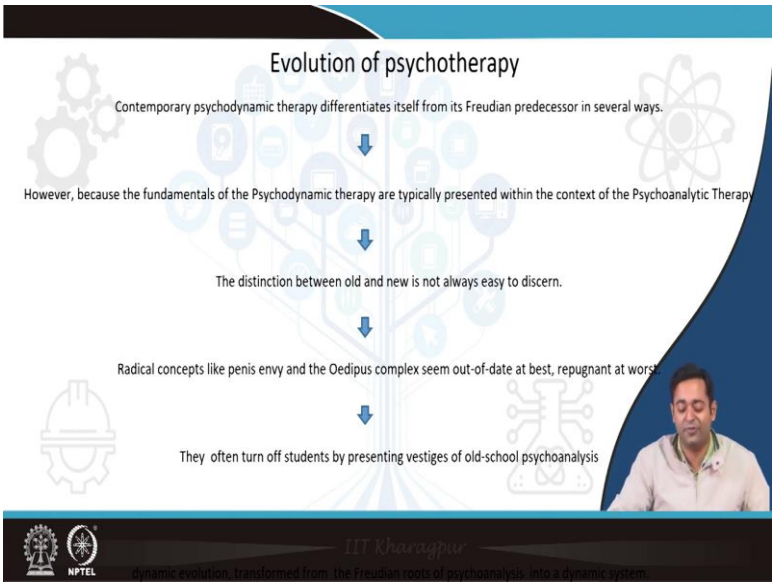

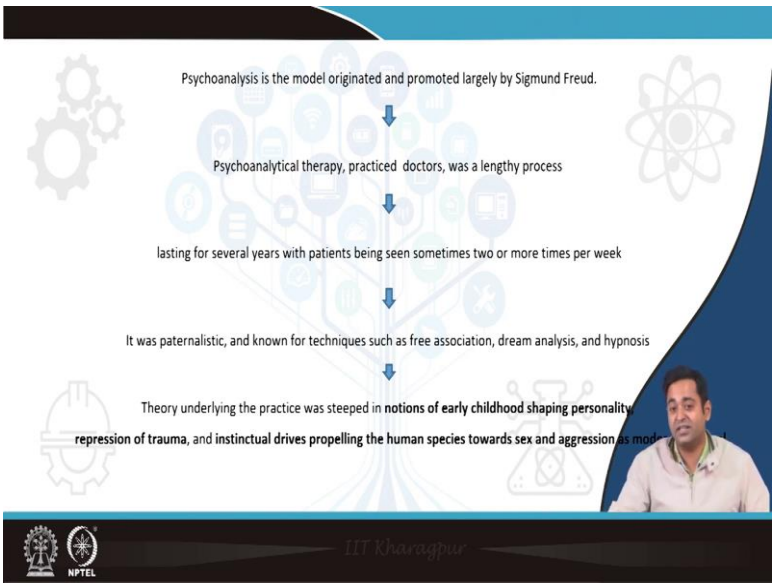

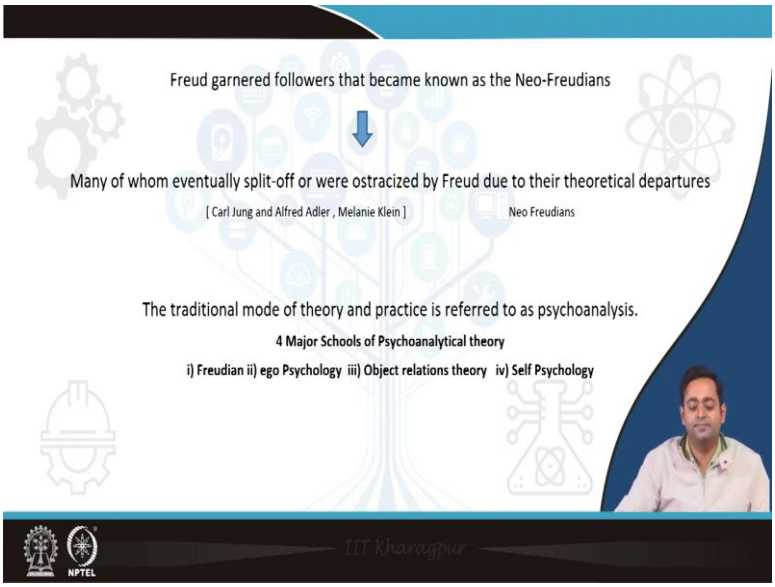

So, how has this psychotherapy evolved from the ages of Freud, Sigmund Freud up till now? And as we all know, Sigmund Freud has been called the father of psychotherapy. So, his prepositions and what he had given in the past during his days, those days and what is being practice now is different, but the platforms the foundations on which the psychotherapy has started or actually evolved from the Freudian era up till here, it remains the same. So, how was it, just look at it, the contemporary psychodynamic therapy differentiates itself from Freudian predecessor in several ways.

So, there is a difference between what the Freud used to propagate and what is present nowadays. So, this fundamental, because of the fundamentals of the psychodynamic therapy that are typically presented within the context of psychoanalytic therapy. So, what is practice nowadays in psychodynamic therapy is actually the same principles which was being propagated during the Freudian age, there is a distinction between old and new therapies, the way in which it is imparted, the radical concepts like penis envy, or Oedipus complexes, these seems out of date and they are actually not they actually bring a kind of turn off to the students who are listening or the lectures which is being given by the senior professors.

So, what happens this psychoanalysis is a model originated and propagated largely by Sigmund Freud as we all know. The psychoanalytical therapy, this is practiced by doctors as a lengthy process. So, there were lots of sessions which were taken by the doctors for their patients, and it takes years for those process to eventually culminate in a treatment form, when the patient actually goes back in recovery kind of stage. So, this goes for several years.

So, it was paternalistic, it was directed from the doctors on the part of doctors, so, they give this kind of this propagation is from the doctors towards the patient. And what are the

techniques which were commonly involved this is free association, dream analysis and hypnosis.

So, theory underline the practice was steeped in notions of early childhood shaping personality, repression of trauma, instinctual drives, propelling the human species towards sex and aggression as models of survival.

So, there were some models which were actually followed early childhood personalities, how has the child evolved from his childhood to mature adult? What are the relatable experiences which the child has undergone from his childhood to the present state, the repression of trauma, that is, if at all, if the patient, if the person who has come to the, come for psychotherapy, the therapist actually tries to see what is the problem or what are the problems which the patient might have undergone in the past for which he is having this kind of behaviours, then there are instinctual drives. So, for Freud, this drive was related to sex and for the aggression was somehow related to sex, and this was actually the mode of survival.

So Freud, garnered some followers of his during his age and these were, the they were Carl Jung, Melanie Klein. All those persons they were actually in the initial stages. They were proponents of Sigmund Freud, but later on due to some split off or some differences which developed between them, they segregated themselves from the Freudian, the propagations which Sigmund Freud used to give.

So, this traditional mode of theory and practice is, was actually referred to as psychoanalysis. So, this psychoanalysis was basically the foundations of the psychoanalysis was due to four major schools of thought.

First is the Freudian thought process, for a second is ego psychology. Then third is object relations theory and the fourth is self psychology, there were four different persons, the personalities who have actually propagated this kind of the schools of thought, Freudian is mostly by the energy which is invested in the form of sexual energy.

The most important propagation of Freud was this, for ego psychology it is the structural theory of mind, super ego and it the pleasure principles, the practical principles and the super ego, which actually tries to control the hidden ego, we have object relations theory, object relations theory was given by a group of personalities Melanie Klein or you have Winnicott, they all came together and proposed school of thought related to object relations theory and the last is self psychology by Heinz Kohut.

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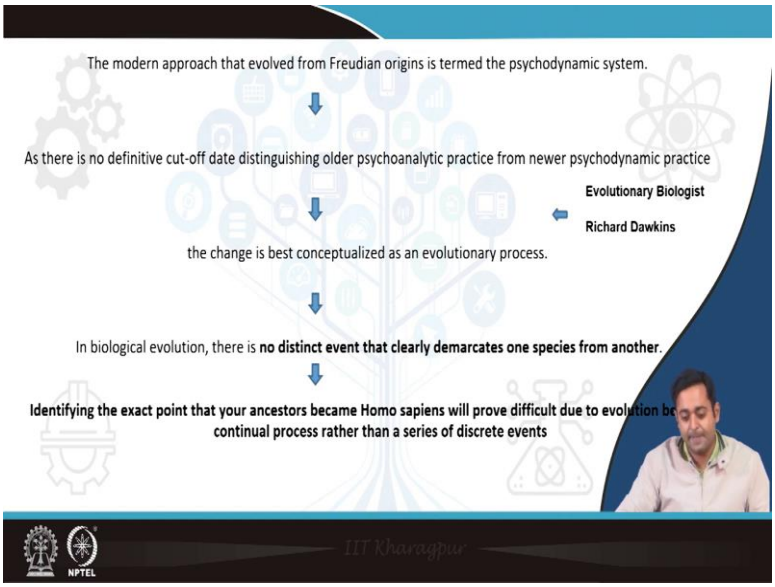

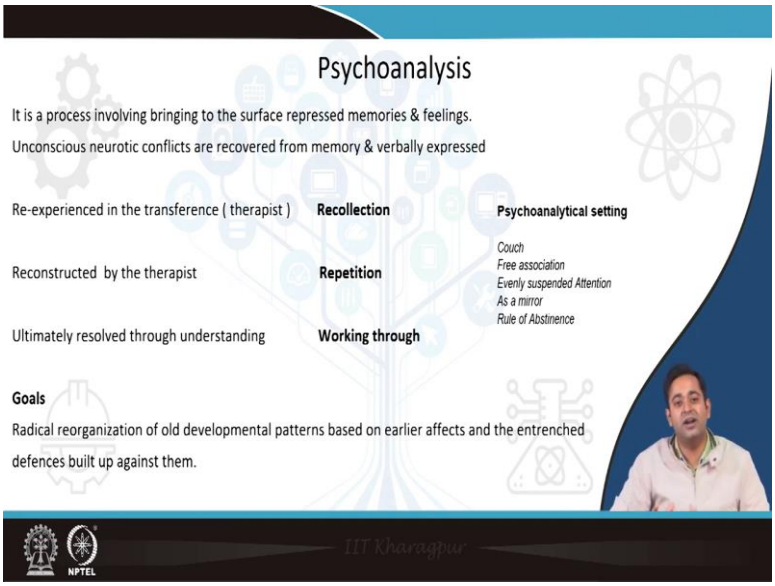

So, this modern approach that evolved from Freudian origins is termed the psychodynamic systems, as there is no definitive cut up from where or from when did the psychoanalytic system actually changed into a psychodynamic system, so, there is no cut-off point as to ascertain that, this is the point of change, where the psychoanalytic has been transformed into a psychodynamic system, and that is being propagated as an evolutionary process.

So, Richard Dawkins is the evolutionary biologists his proposal was just that, there is no distinct event that actually clearly demarcates one species from another as we have evolved, and as Homo sapiens, and that is why it becomes difficult to prove to evolution, because it is a continual process rather than a discrete events, discrete series of events which is happening.

So, this evolution is from psychoanalysis and this is how there is a evolution from psychoanalytic therapies to psychodynamic therapy. So, what actually is psychoanalysis? Psychoanalysis is a process involving bringing to the surface of the repressed memories, those painful memories and feelings to the which is, which was there suppressed, which was repressed to the surface, which needs to be expressed, those unconscious neurotic conflicts are recovered from memory and they are verbally expressed.

So, there are three things, there is recollection, there is repetition, and there is working through. So, recollection is where you, patient re experiences all those painful emotions, the feelings, they affect, when they are with the therapist, and repetition is when the therapist tries to reconstruct those similar analogies, through similar kinds of situations, which the patient might have witnessed or experienced in the past, and they try to work together to try to solve the problem which the patient was undergoing all these years.

So, there is this resolution of the conflicts, this actually happens in the series of sessions. So, what is the most important goal, goal is the radical reorganisation of all developmental patterns based on earlier effects, and the entrance defences built up against them. So, whatever the ego defence mechanisms, which has developed over the years in order to repress those painful memories, those feelings, which the patient has undergone, so, it is this radical change, which is done here in this kind of psychoanalysis.

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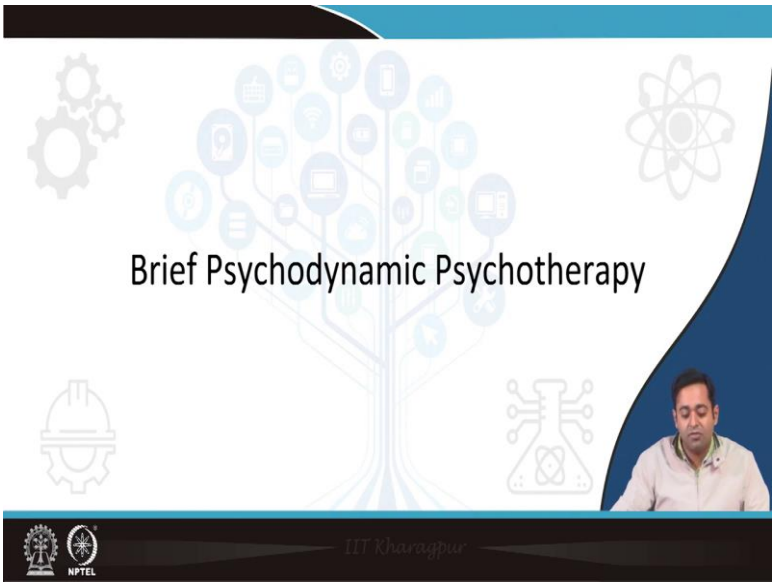

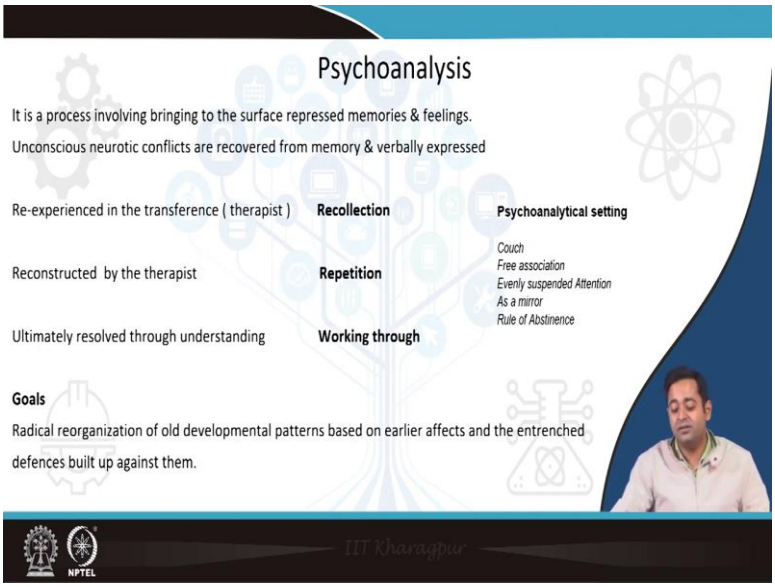

So, what is the setting under which this is done, so, it is the couch which actually gives a relaxing kind of stance to the, on the part of patient, free association, which means then, the patient is not having any kind of inhibitions as such, when he is elaborating his experiences, his painful memories, his past, his, whatever he has undergone, evenly suspended attention means, during the narration of his story towards the therapist, the therapist should not consciously be selectively pay attention to the first part, second part or third part.

But there should, the attention, the devotion of on the part of therapy should be evenly distributed. He should not stress on the particular phase of his narration, so that the patient can have an open and an inhibited expression.

The therapists can acts it also acts as a mirror. So, acting as a mirror means the therapist should have know his own thought process, his own judgmental views, it should be non-judgmental on the part of therapist, whatever the patient is telling, whatever the patient is narrating, expressing, the patient should not judge the patient, and rule of abstinence means the whatever the affection the want or the kind of reciprocal emotions which the patient expects from the therapist it should not be given out it should be prohibited, that is a rule of abstinence.

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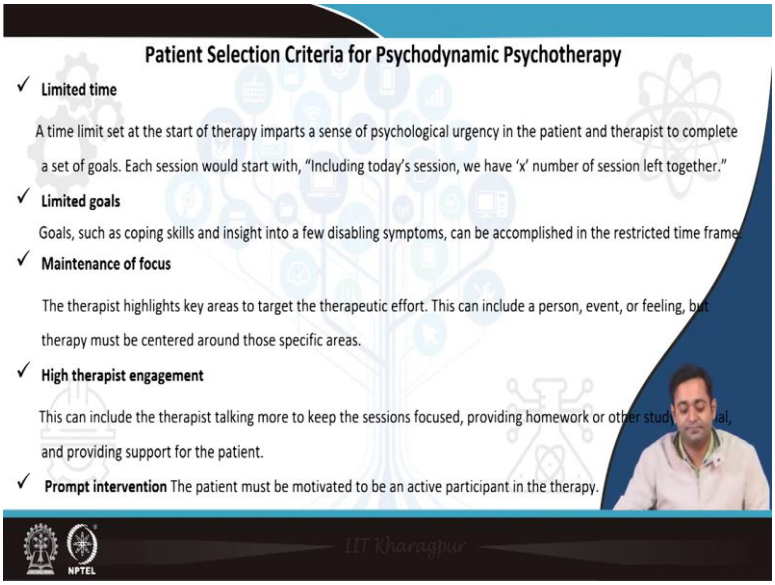

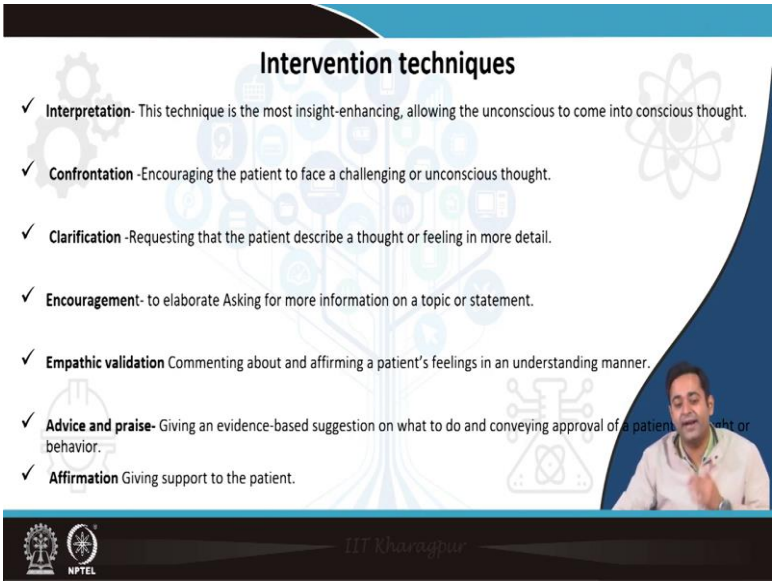

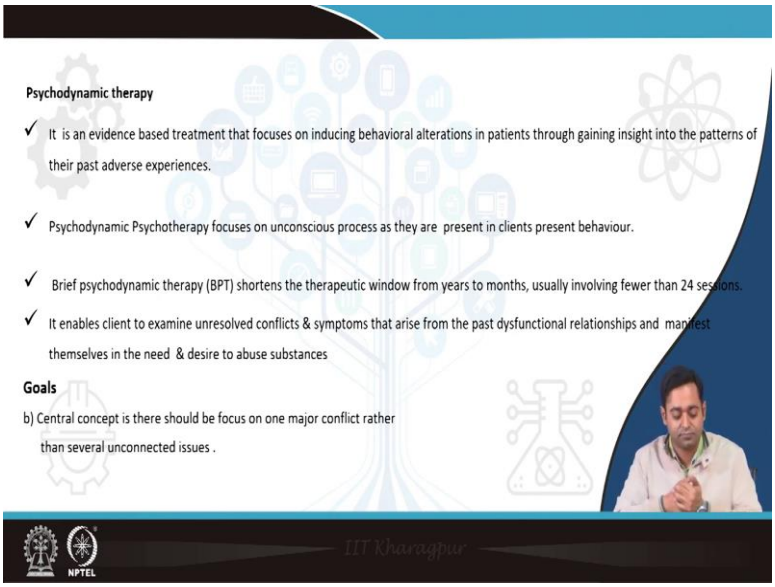

Let us come to brief psychodynamic psychotherapy. So, there are some certain selection criteria's for this psychodynamic psychotherapy, there is time limitedness. Limited goals which needs to be set up before the therapy initiates, maintenance of focus, there are selective focus of problem which has to be entertained, high therapists in engagement and prompt intervention.

So, what are these, the high therapist engagement is the therapist talking more to keep a session focused, and providing homework for other study materials which provide support for the patient, prompt intervention is the patient must be motivated enough to have an active participant in the therapy, maintenance of focus, as I told you, there has to be a target in the entire session, there has to be a focus of treatment process which has to be followed, this is the event, this is the problem which needs to be reassessed and try to find a solution to this.

So, there are certain techniques interpretation that is most insight enhancing along the unconscious to come into the conscious thought, unconscious means when you are when there is no innovation as such, is when the patient is not actively trying to suppress those problems of his.

So, there should be a, clear interpretation of the problem. Confrontation means the patient that helps should try to bring the problem and ask the patient should actually face the problem in order to find a solution to his problem or her problems. Clarification means the therapist actually tries to clarify the analogy of the thought process of the patient. So he, what actually happens is the patient is not aware, there is not conscious awareness of the problems which the patient is suffering from.

So, therapists tries to bring those problems into conscious awareness. This is the problem that you might be facing, or you might have faced in the past and you are facing right now also. So, they should be brought to the notice of patient.

Encouragement means you are asking, you are trying to encourage the patient in order to have more elaborate details of the present ongoing problems, so that we can have a clear-cut solution for the problems with the patient might be suffering from. Empathic validation is commenting about and affirming a patient's feeling and an understanding manner, you are giving clear cut indication, this is the way that the problem can be solved and you are in the right direction in solving a problem.

Advice and praise where you need to give affirmative sentences, clear cut indications that this is the part that you have taken and you are going in a correct kind of manner, correct direction. And affirmation is lasting when we are giving support to the, full support to the patient's direction of, or the line of action which the patient has taken.

So psychodynamic therapy is a evidence based treatment that focuses on inducing behavioural alterations in patients through gaining insight into the patterns of the past adverse experiences. So, as I told you, the patient is being asked to have a conscious awareness, this is the, these are the reasons for which you are here. And the present state of yours is actually to do to past experience which you have undergone and you are trying to relate those past experiences with the present.

So, it focuses on the unconscious process as they are presented in clinicians that is client's present behaviour. So, it shortens the therapeutic window from years to months, in psychoanalytical therapies where you have long standing sessions. Here we have shortened those sessions the duration is shorter, fewer than 24 sessions.

So, it enables client to examine unresolved conflicts symptoms that arise from the past dysfunctional relationships and manifest themselves in the need and desire to abuse substances.

So, these all kinds of problems, it ultimately or culminate into abusing substances where you impulsively try to self-medicate yourself with smoking alcohol. Where you try to escape from the situations and this behaviour of yours disruptions taking behaviour, substance seeking behaviour becomes a behavioural pattern and you get addicted to it. So, what is the central goal, central goal is that a focus on one major conflict rather than several unconnected issues.

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Let us come to interpersonal therapy. So, interpersonal therapy was actually developed by Klerman and Weissman in 1970, this was basically indicated for depressive disorders. So, this particular therapy is conducted in three phases, first 1 to 5 sessions are conducted where the patient and the therapist interacts for the first time, and the there is a rapo is built up, there is therapeutic alliance, which is on the part of therapist and the patient itself.

So, there is a constant change of emotions which takes place between the therapist and the patient, patient understands this is the therapist who tries to understand this my problem and he is here to help me out. So, this kind of rapo build-up, trust build-up has to be there in order to the sessions to continue or progress forward.

So, this happens is first 1 to 5 sessions, next 6 to 15 sessions, the therapists go on to assess the problems which the patient was having from past experiences, past interpersonal difficulties, or social problems, or family issues, or financial issues, or environmental issues. So, it can go to anything.

So, in the second phase, the therapist tries to see what are the problems, what are the areas that needs to be rectified, what are the problems which the patient is experiencing, and in the third session, the solutions and the rectifications made and how swiftly and how the patient is himself or herself performing those rectifications and moving forward, and lastly is where the patient tries to disconnect from the, therapist try to disconnect from the patient, and see that the patient is individually managing his problems and finding the solutions.

So, as I told you, there are three phases. So, what are the problem areas in interpersonal therapy, first is role transitions, second is grief and loss, interpersonal role disputes, and interpersonal deficits.

So, basically, role transition means, the patient is undergoing life events, like change of job, getting married, having a child. So, all this role transitions where the patient thinks that he or she might not be able to cope up with or in the past, he was not a good father, he was not a good teacher, he was not a good doctor, he was not a good lawyer. So, whatever there is a role transition which he thinks or she thinks that the person will not be able to cope up with. So, try to analyse those problems, thought processes, rectify those thought processes, those cognitive appraisals has to be done.

Grief and loss entity means where you have lost near and dear one, there is a death of your family members or colleagues, family friends, and you try to see how close the patient was with the disease, and how well connected are they and try to seek other opportunities where the patient can be happy. So, these are the areas which needs to be addressed.

In interpersonal role disputes, they can be marital conflict, parental conflict, child mother relationships, father mother relationships, anything can happen. So among role disputes, what are the deficiencies that needs to be addressed properly, so therapists tries to bring about change by actually expressing it out from the patient itself, these are the areas that I was having deficit and I need to rectify those mistakes and try to concentrate, or re integrate in the family, or in the friend circle for which the role dispute has happened.

Interpersonal deficit is that only when you are having short of those qualities in order to have a conducive environment for not having those interpersonal difficulties, so that needs to be sort out. They are basically indicated for mild to moderate depression, this interpersonal therapy and Bulimia Nervosa.

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Now, what is dialectical behaviour therapy? This was developed as a treatment for borderline personality disorder, and therapy aim basically for reducing harm, behavioural, those agitation the reduction of behavioural agitation, in order to improve the quality of life.

It is with the help of four modes, that is group skill training, individual therapy, phone consultations, and consultations to team. What are the techniques that are employed that is distress tolerance? Where you need to increase your tolerance level, of the problems that you are facing interpersonal effectiveness that is training is very similar to assertiveness and problem solving training, where you try to analyse, what are the problems? What are the issues? Which are affecting your day-to-day life processes?

So, these are the patients which actually use borderline patients, they undergo DBT in a series of sessions, because, since it is ingrained personality that is actually causing hindrance on the part of patient to have a smooth life. So, this session they go on for, years together.

So, this problem solving training is taught to the patient, you need to chalk out the problems, you need to list out the problem areas, these are the areas where I need to rectify, these are the areas where I need to analyse my mistakes, or I need to introspect, these are the problems which I was facing before and I am facing now also, that needs to be rectified. And

channelise your energy, channelise your thought process in order to have a smooth functioning of your life.

Now, mindfulness training is you are consciously aware of yourself, you are trying to be non-judgmental of the views the thought process, which you are undergoing as of now, currently, you need to be aware of those, rather than trying to change your thought process. And to see why are those thought processes, undergoing at that point of time? So, what is that chain of thoughts, which is actually making you to think that, rather than changing your thought processes, rather than becoming shameful, because of the thought process? So, that is the mindfulness.

Emotion regulation skills, this form the important part of DBT. How is emotion regulation skills important? Emotion regulation skills means, you are trying to actively, or voluntarily suppress those aggression, agitation, your anger, outbursts, your in your irritability, your impulsiveness. So, you are trying to, you are consciously becoming aware of the emotions the patient is undergoing, and there is this conscious awareness of the emotions with the patient undergoing, where he sees that, these are the reasons, which is making me or culminating me into production of this kind of behaviour.

So, we need to analyse the behaviour of ours in an ABC analysis, the antecedent behaviour and patterns, what is causing our behaviour to be like this? So, it involves social skill training, such as meditation, assertiveness training also. And what is social skill training? Social skill training is there is social perception, social cognition, and there is expressive skills, the behavioural execution. Now, what is social perception? Where you perceive with all those, with the help of sense organs, you hear properly, you see properly, you try to feed properly. So, with the help of all those sensations, you smell properly.

So, whatever the patient is, whenever the patient is out or trying to communicate with the people, there has to be a proper social perception from the public, from the environment, from the friends, from the families. What is social cognition? Social cognition means, when you have a thorough processing of the information, which you have gathered, and analysation of the thought process, what to speak? What to reciprocate? In response to what I have received. So, this is actually social skill training, which is most important in DBT. So, that is how you try to introspect and rectify your mistakes.

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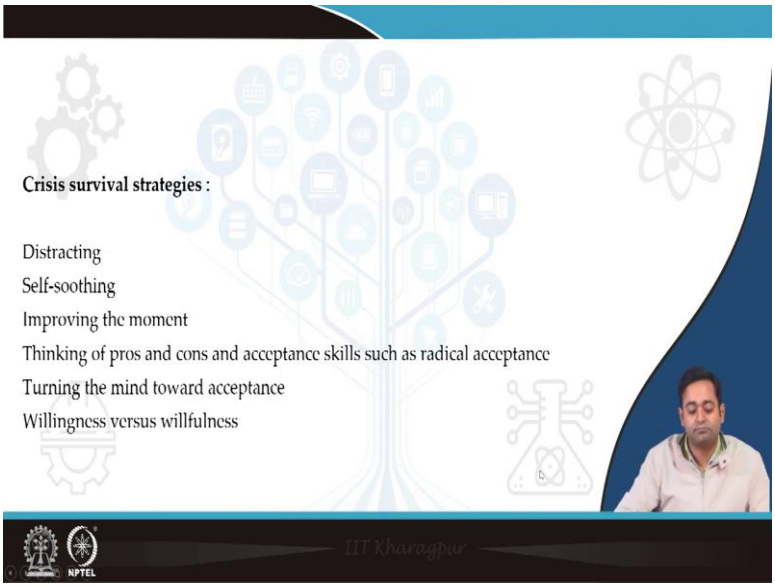

So, there are some crisis survival strategies, which are employed, distracting, give yourselves ignored from the problem areas at times, when it is too much to handle, self-soothing try to get, try to get engaged in sort of exercises or the activities which actually makes you happy, anything, it can be anything, listening to songs, going out for movies, going for restaurants, any kind of activities, improving the moment. So whenever at that very moment you are undergoing those irritability, agitation, those kinds of conflicts, where you are not having those interpersonal comfortless.

So, what are you supposed to do? Trying to improve that very particular moment. Thinking of pros and cons and accepting, acceptance skills such as radical acceptance, so, this is one of another important strategies, where you need to think, this is the way if I behave, what can be the repercussions? Well, this is the way if I behave, what can be the outcome? So, you can actually channelise your thought process.

Turning the mind towards acceptance, this is the problem that I am facing, I need to understand the problem, I need to rationalise the problem, I need to analyse the problem and come out with a solution. And, there is ambivalent valency between willingness and wilfulness. So, there has to be a change, from the on the part of patient which can happen and make the patient's life smoother.

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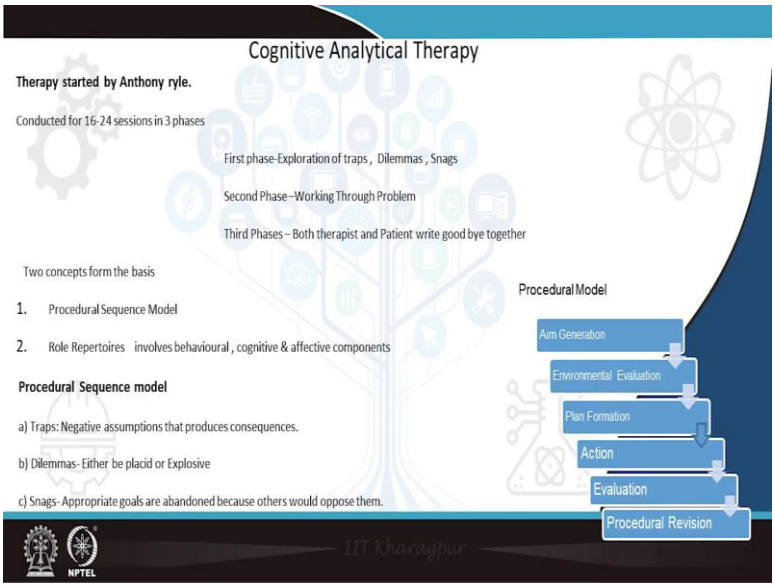

What is cognitive analytical therapy? This therapy was basically started by Anthony Ryle, and it is conducted in 16 to 24 sessions, with in three phases. First phase is when you have a deliberate exploration of traps, dilemmas and snags.

Now what are these, the traps are where you have negative assumptions, I am not looking good, I am not good looking, I am not good at studies. So, the teacher might not be looking after me, teacher will not promote me, I am not good looking. So, girls will not look at me, I am not a good teacher. So, students will not come up to me ,they will not be, they will not ask questions to me, because they will think that I do not know anything, these are the wrong assumptions, negative assumptions.

Dilemmas is where you either, behave black and white, either you behave an explosive kind of manner, or you behave in a placid kind of manner, either you act very explosively or you try to go down, and listen to what others say. And, snags are you try to abandon your appropriate goals, your most important life's sort after you the pitstops where the targets which you have actually thought after.

Suppose, if for a girl if he has thought to undergo higher studies and then get married, or for a person who thought of becoming a lawyer, but due to some family emergencies, he has to give up his studies, and go and help his father for doing some kind of jobs, which is not allowed by the family economic status. So, you need to thought, you need to abandon your goals in order to in accordance with the wishes of the others. So, that is snags.

So, there are two concepts from which forms the basis, what is procedural sequence model and the other is a rule repertoires. A procedural sequence model it happens with the stages, the first is that you think of some proposition, you think of some plan, this is the way, this is the thing that I want to do.

You try to figure out, you try to assess, this is the way that I will be doing it, then you try to plan out this is the way I will be doing it, then you act it, act it out and then analyse, what I have planned before, and what I have achieved. Are we heading towards the direction that I have planned, or they are need some they are required, there is some rectification which is required. So, we need to go for revision of this act. So that is a procedural model. A role repertoire means, you have behavioural, cognitive and affective components involved.

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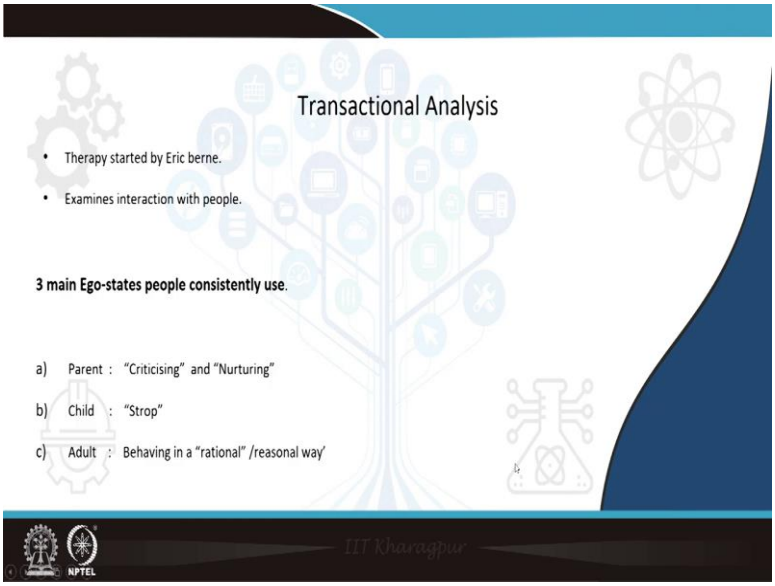

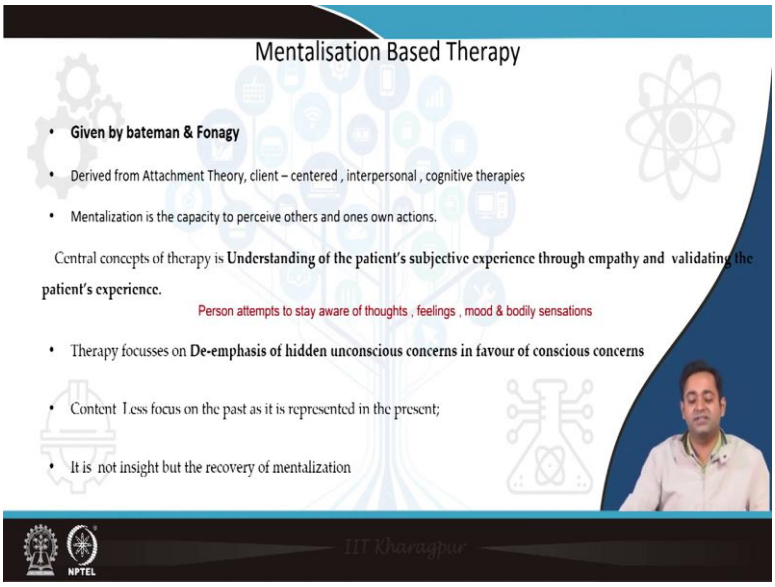

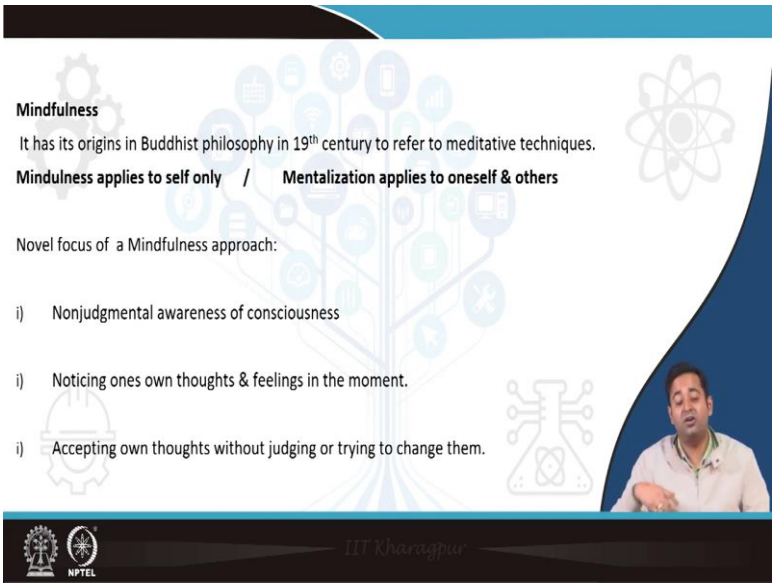

What is transactional analysis, transaction analysis was actually given by Eric Bernes, it is seen where the people how they interact with relatable, how they interact with themselves in the community.

So, three main ego states are actually observed. One is parent, second is child and third is an adult, adult is very easy when you try to rationalise and analyse your thought process you think an adult.

And you need to you assess your problems, like a mature adult and you do not go after for short lasting, short happiness they actually go for targets where you go for future happiness's so, there is another state where you try to behave like a parent, the interpersonal relationships is a parent. Well, so, parent is like at times they are criticising and at times they are nurturing. Sometimes you behave a child when you go back to those regressive kinds of attitudes. This is kind of observation which is running transaction analysis.

What is mentalisation based therapy? So mentalisation based therapy was actually given by Bateman Fonagy. The foundations of this therapy was derived from the attachment therapy, cognitive therapy, interpersonal therapy, these all these foundations are started from there. So mentalisation is a capacity to perceive others and one's own actions. The central concepts of the therapy is understanding of the patient's subjective experiences through empathy and validating the patient's experience.

So, persons they actually try to stay away the thoughts feelings, mood effect and bodily sensations in mentalisation therapy. And this focuses on de-emphasis on the hidden, unconscious meanings in favour of conscious concerns. So, the less focus is on the past and

the priority is given to the present, the conscious awareness of the present. So, it is not the insight, but the recovery of the mentalisation which is important.

So, there is a difference between mentalisation based therapy and mindfulness. So, mindfulness is when you are consciously aware of yourself and mentalisation based therapies, when you are consciously aware of yourself and the others, there is a difference.

So, mindfulness has evolved from Buddhist era in the 19th century with meditation techniques, the focus on mindfulness approaches where you have non-judgmental awareness of the consciousness, and you try to notice one's own thoughts and feelings at that very particular moment and accepting those thoughts whatever. Is it bad or is it good and not try to judge them and neither try to change them.

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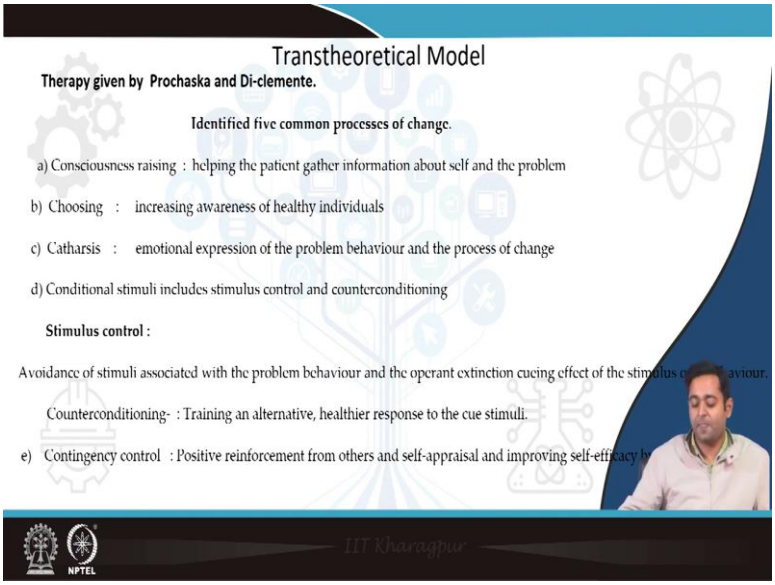

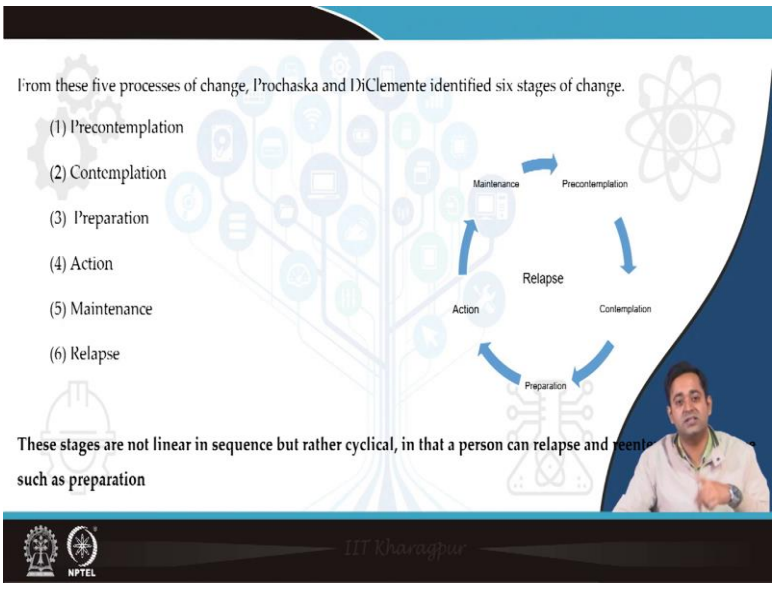

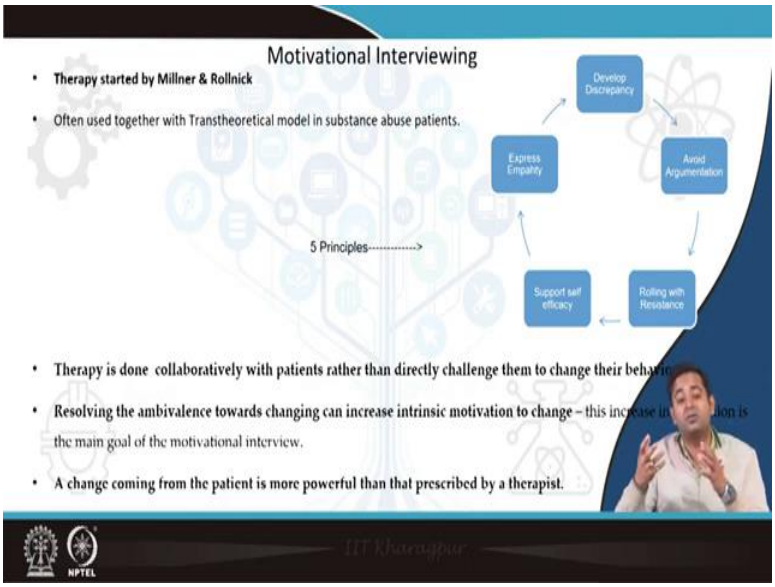

What is transtheoretical model, this therapy this model was proposed by Prochaska and Diclemente. And they proposed 5 common process of change, what are these consciousness raising, choosing, catharsis additional, conditional stimuli, that is counter conditioning and stimulus control, and lastly, contingency control.

So, in the first thing, you are trying to help the patient gathering information about self and the problem, where the patient actually tries to ignore or does not rise, there is a denial on the part of patient that this is not a problem for me. So, this particular model was basically developed in pertaining to this but into substance abuse patients. So, next is choosing, choosing when the patient is increasingly aware of the healthy intervals, I can also be healthy, I can also have this kind of lifestyle.

So, they can actually choose between the substance which patient is procuring or undergoing the effect of substances, or they can have alternative kind of lifestyle. Catharsis is when the patient himself voluntarily tries to speak out the problems which he or she is undergoing, when he or she is under the effect of those substances, those smoking alcohol all those entities.

Conditional similar includes stimulus control and counter conditioning, the stimulus control is avoidance of the stimuli associated with the problem behaviour and operant extension cueing effect of the stimulus one behaviour. So, you need to avoid all those kind of friend circles, or all those kinds of associations where you can actually culminate into executing those kinds of acts.

Now, what is counter conditioning, there is training or unhealthy response to cue stimuli. So you need to alternate, you need to channelise your energy your thought process towards other things.

So, while you are having urge to smoke or you are having us to drink, you actually tries to or do some other kinds of behaviour, where you are at where whenever there is this urge to smoke, you go and have one kind of sweet, or you go and go out with your friends. So, in order to ignore those thoughts, ignore those compulsion I have to go and smoke I have to go and take the drugs. So, this is counter conditioning. Contingency control is when there is positive reinforcement from others and self-appraisal and improving self-efficacy by self-reinforcement.

So, you are trying to get involved in something by trying to ignore the deleterious effects of these substances. Now, there are some five process of change, which is also propagated with retrospect to substances, this was given by Prochaska and Di-clemente, where they have identified six stages of change, just called motivational enhancement therapy, where six stages are commonly observed that is pre contact where the patient goes through the stages of pre contemplation, contemplation, preparation, action, maintenance and relapse.

Now, Precontemplation is when the patient is in denial mode. So, this is where there is a self consciousness, awareness, self consciousness raising where the transtheoretical model was developed.

Contemplation is when the patient thinks, I am about to bring about a change but he has not arrived into the making a decision that, I will be quitting this smoking, I will be quitting the drugs which I was procuring. So, he is still in the ambivalent kind of condition, preparation which the patient has actually taken decision I want to quit these options taking behaviour and he is actively involved, there are some steps taken on the part of patient to actually quit the substances, action in which the plan is actually being executed, he has already taken steps and he has come forward a long way. So, he has actually stopped taking the substances.

Maintenance is when the patient might be having those symptoms of craving and all but he is undergoing those thought processes that I will not be taking those substances because I am trying to get rid of those bad or derided effects of those substances. Relapse happens when there is a compulsion or there is a, when the patient again goes back and try to seek those substances due to any kind of problems may it be social, psychological, biologically

anything. So, these things are not linear, it does not happen here, but it is a cyclical manner, it happens in a cyclical manner.

Motivational interviewing, what is motivational interviewing, this therapy was started by Miller and Rollnick and this was also in respect to substance abuse, it is often used to get the transtheoretical model.

So, what is this, it is basically of 5 principles this motivational interviewing, firstly is develop discrepancy. Second is a word argumentation, rolling with resistance, support self efficacy and lastly express empathy. So, how do you develop discrepancy? So, you try to ask the patient that or you try to have a differences of opinion with the patient that this is the problem that you are having, and this is the solution that the patient might be going for.

So, and these are the problems for which you are having this kind of problems in your life. So, are you going to continue this kind of substance taking behaviour or you want to have a change in your life. So, there has to be a delineation of the thought processes which the patient is undergoing right now and the therapist is trying to trying to give.

So, therapy is done collaboratively with the patient, where the patient actually tries to actively take the decision. So, it is not directive in nature. This therapy is not directive in nature, it is not coercive therapists does not pressurise the patients to come up and take this therapy, it is on the part of patient that they actively get involved in this kind of therapies.

So, avoid argumentation. So there can be instances where despite of the fact that therapists is trying to motivate or bring about the conscious awareness of for the patient, that this is a problem that you are undergoing. But there is this aggression or irritability or agitation on the part of patient because they do not want to undergo this kind of therapy. They do not want to leave this substance taking behaviour because they do not recognise this as a problematic behaviour.

Now, what is rolling with resistance, rolling with resistance that you constantly tries to improvise the thought process of the patient, you constantly have those restrictions, those innovations on the part of patient because they are not trying to understand the gravity of the situation.

So, you try to constantly deal with the problem with them and you does not give up. Support self efficacy, self efficacy is when the patient is actually tried harder and he has done multiple attempts, failed attempts, but then also he has been given affirmation the support is from the

therapist to support self efficacy, and express empathy. Empathy is when the patient is that the therapist is actually empathising with the patient. He understands the condition of the patient that howsoever hard he tries but he is not able to give up the subsisting behaviour. So there has to be constant, those affirmations do support from the therapist towards the patient.

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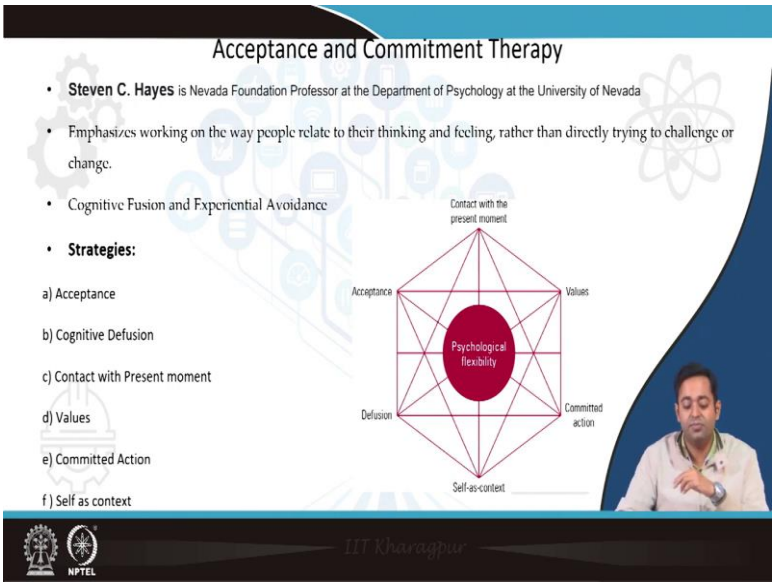

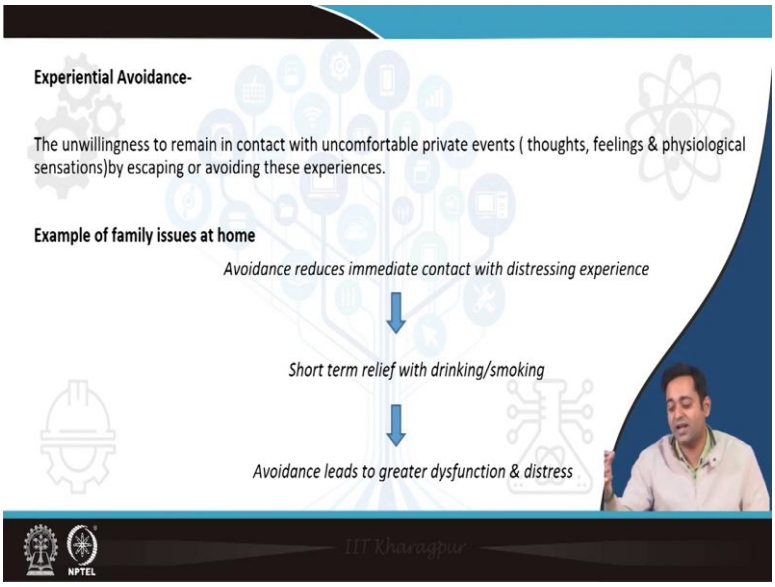

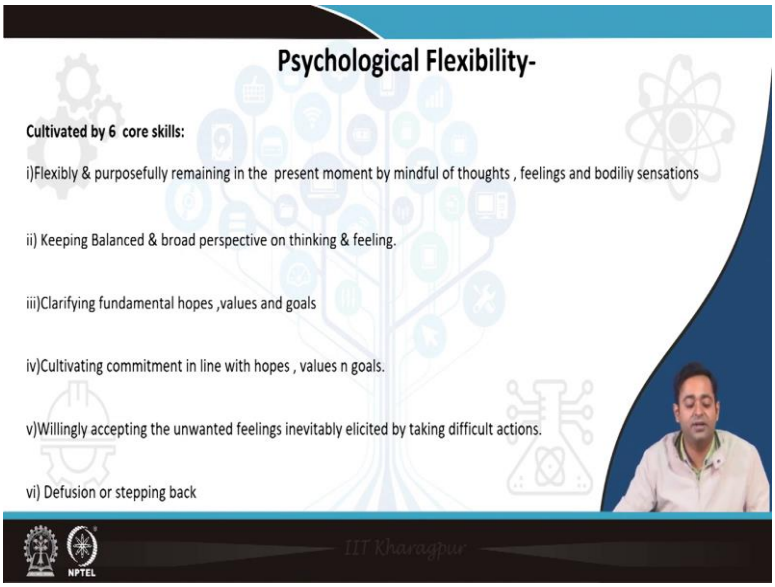

What is acceptance and commitment therapy? So this therapy was basically given by Steven Hayes and this emphasises working on the way people relate to their thinking and feeling rather than directly trying to challenge or change.

So, this therapy, this acceptance and commitment therapy, this is the most important lessons of the therapies that you need to have active realisation of the various kinds of thought process which you are undergoing And the thought process does not need to get altered they do not need to get changed. So, what are the strategies that is commonly employed acceptance, you try to accept the problem that you are facing, it is cognitive diffusion, contact with the present moment values committed action and self as context.

So, two most important things that we need to understand is experiential avoidance. So, the unwillingness to remain in contact with the uncomfortable private events, those thoughts, those feelings, the physiological sensations, bodily sensations, and we try to escape or avoid from these experiences. So, it is very simple, it can be exemplified by a very simple thing that if a patient is having serious, if the person is having serious stomach ache or if a person is having he had a fall he fractured his leg. So, he does not want to experience those pain he readily goes and try to procure for medication and all.

So, that does not mean that a treatment should not be taken by the person, it means that you need to accept, this is the time where I need to rationalise my thought process that I should not panic. I should not become anxious or apprehensive oh my god, what has happened, my leg is broken, how will I walk, how will I go to my duties, my life is going to get crippled.

Instead of our thought process should get channelised in the other ways, we should have alternative cognitive appraisals the thought process needs to be altered here is why having a kind of experienced I have got hurt, I need to get, I need to overcome this problem, since it is a problem since it is a fracture the pain I have to experience it. So, this acceptance of the pain is actually encountered here. This needs to be accepted by the patient.

So, family issues at home example, avoidance reduces immediate contact with distressing experiences, short term relief in drinking so, whenever there is a problem at home, we try to self medicate ourselves or try to ignore our problems, we go for drinking or we smoke and try to ignore this problem. So, this actually leads to greater dysfunction and distress.

So, it is a cyclical process which actually goes on and it repeats rather than accepting, this is a problem which needs to be dealt in this us a different kind of way or that needs to be rationalised. Rather than ignoring or escaping from the problem, we need to rationalise our thought process.

Now, what is psychological flexibility, it is cultivated by six core skills, flexible and flexible and purposively remaining in the present moment by mindful of thought feelings we need to be aware of the present moment, keeping balanced and broad perspective on thinking and feeling, clarifying fundamental hopes, what are the options that we have cultivating commitment in life with the hopes, this is the way our endpoint can be reached.

And willingly accepting the unwanted feelings those inevitable kinds of feelings, I do not want to experience this kind of feeling right now, but I am somehow experiencing it. So, we need to accept those, and diffusion try to step back and see, this is the problem which I was facing, what are the options we have in order to solve the problem? Are these options are these solutions enough to solve this problem? So we need to re analyse go back previously, look for alternatives and solve the problem.

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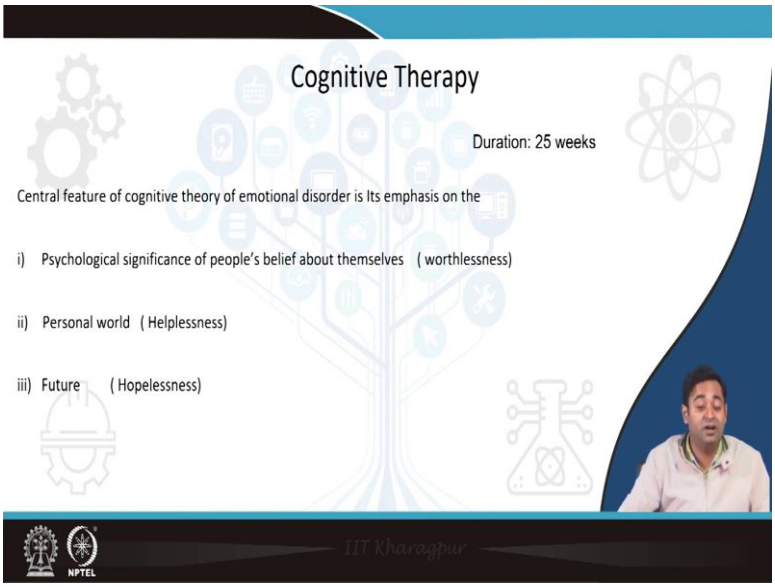

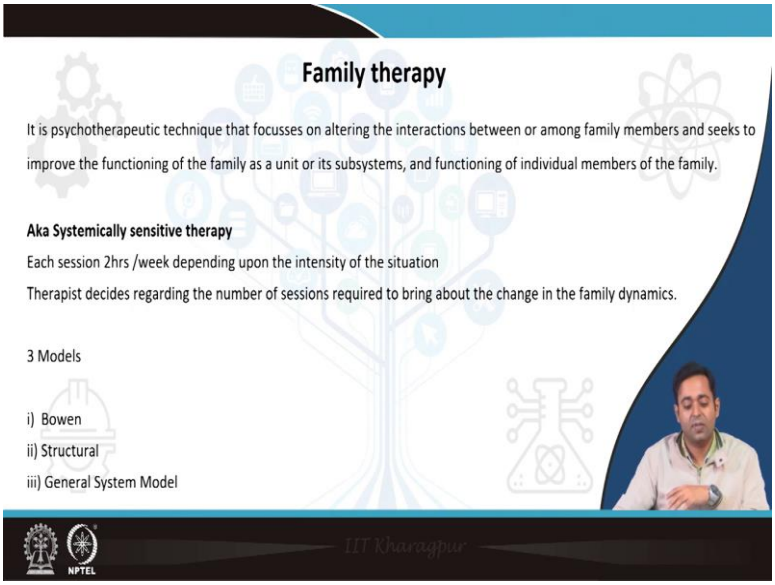

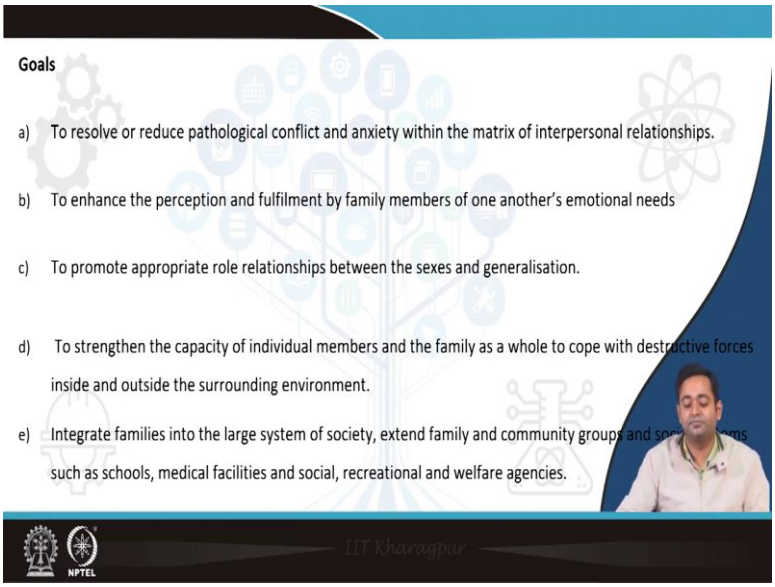

Cognitive therapy. Let us come to cognitive therapy, this therapy was given by Aaron T. Beck. And it is the triad of cognitive therapy is, worthlessness, hopelessness and helplessness.

Now, what is worthlessness? When the kinds of people they believe about themselves that they are not worth of anything, they have become worthless, helpless means when they are not everybody nobody around me where am I can help me from this particular situation, from this particular problem. So that I am helpless and hopeless means you are pertaining to the future, you are talking about the future. So, nobody can change my future as well. So, you are hopeless as well as helpless and as well as helpless. So, three cognitive triad needs to be present in order to have a, that is called cognitive triad for a depression.

So, this particular therapy is given 25 weeks, three components of it that is didactic one to one patient and therapist that is why it is called didactic, cognitive and behavioural models. In terms of cognitive you have automatic thought processes, those distortions which are present, what are the distortions, those negatives schemas of your thoughts which actually makes you crippled your thought process, your the train of thoughts which you are undergoing at a particular moment is actually being affected, how is that? You have certain cognitive distortions, you have over generalisations, selective abstraction catastrophiseation, dichotomous thinking, temporal causality, excessive responsibility.

Now, what are these overgeneralisation means, you try to over generalise about a certain kind of presumption, this particular incident happened because of this. So, for that family this was happening from the all those years, because of this reason, now, in our family also this particular reason has happened, now, I might also be suffering from this kind of problems.

So, you are trying to over generalise the situation which is present out there, selective abstraction means, there with that, some few years back my friend had an accident because he was going and traveling and during night and he was not able to drive properly, we are also going to drive at night and we might also face accident.

So, you are trying to selectively seek the or propositions. So, whatever you think, whatever you are thinking at that point of time you try to selectively seek and have a thought process of yours. Catastrophisation where you are thinking of something bad is going to happen or you are going to die maybe my child is not coming timely at home what has happened, he might have undergone a traffic accident.

So, the most deleterious thing possible is actually that we are actually going to think at that particular moment that is called catastrophisation, the maximum possible suffering which is possible, dichotomous thinking is you have black and white thinking it mostly seen in this motor scene in borderline personality disorders, where the patient thinks that this is the best person that I have ever be with or at times, this is the worst enemy that I am being in with, the companionship.

Temporal causality is where you are trying to seek out reason, this is the reason for which this is happening. And excessive responsibility means even though you are not responsible for certain kinds of casualties, certain kinds of problems, you are trying to relate yourself with that you are trying to relate yourself with that problem and come out of the conclusion that this is the reason for which I am being suffering. What are the behavioural techniques of cognitive therapy, these are activity scheduling, mastery, pleasure, graded tasks exposure, quality rehearsal, self reliance trailing, role playing, divergent techniques and imagery.

Now, how is this executed or implemented activity scheduling is when suppose if a patient is depressed and he is, he or she is undergoing cognitive therapy, so, among behavioural techniques, the patient is asked to undergo activity scheduling means he is asked or she is asked to make a schedule a routine daily routine, this is the time that you have to get up this is the time that you need to wash your clothes, this is a time that you need to bathe. This is the time that you need to eat, this is the time you need to go out have fun.

So you need to schedule your day to day life activities. Mastery is when you gain experience over these all activities because you are doing it from a period of time a week, a month. Pleasure is when you seek out pleasure in doing all these kinds of activities from a months or years.

And then there is cognitive rehearsal means there is this rehearsal of activities in your brain and you are trying to do this constantly again and again. Self reliance training is when you are doing it actively and you are self sufficient, you are doing it on your part, there is no one who is going to help if there is no assistance from for the patient and he or she is doing it actively on his own.

Role playing diversion techniques and imagery, in diversion techniques. Suppose you are not feeling good, you are feeling low or you are suffering from acute depression. So at that point of time, whenever you are feeling very low, you are asked to think of some beautiful time spent with your parents with your spouse or your children. Think of some good songs that you have listened to the need to diversify your chain of thoughts. Imagery, where you are supposed to think of some beautiful scenery or some places you have visited. So those kinds of things you need to revisit those and try to seek pleasure out of it.

What is family therapy family therapy is a psychotherapeutic technique that focuses on alternatives in the interactions between or among the family members and seeks to improve the functioning of the family as a unit, subsistence and functioning of individual members of the family. So, it is also known as systemic insensitive therapy and each session is two hours per week depending upon the intensity of the situation. So, if the intensity is very high, the duration of the sessions it increases and the frequency can also be increased.

So, therapists decides the number of sessions there, there are three models Bowen model, structural model, general system model. In all these models, the family systems are basically taken into consideration where you have a specific role models which is being followed or which has been looked after father is the senior most member he takes charge of all the financial obligations.

There is a mother who is looking after the homely affairs, you have somebody younger brother or elder brother, who is looking after the emotional part of the family. So, there are some designations which are given.

What are the goals to resolve or reduce pathological conflict and anxiety within the metrics of interpersonal relationships to enhance the perception and fulfilment by family members and reading to one another's emotional needs, to promote appropriate relationships between the sexes and the generalisation.

To strengthen the capacity of individual members and the family as a whole to cope up with the destructive forces inside and outside the surrounding environment, and integrate families into law system or societies, extend family and community groups social systems such as schools, medical facilities, social welfare schemes, or recreational welfare agencies.

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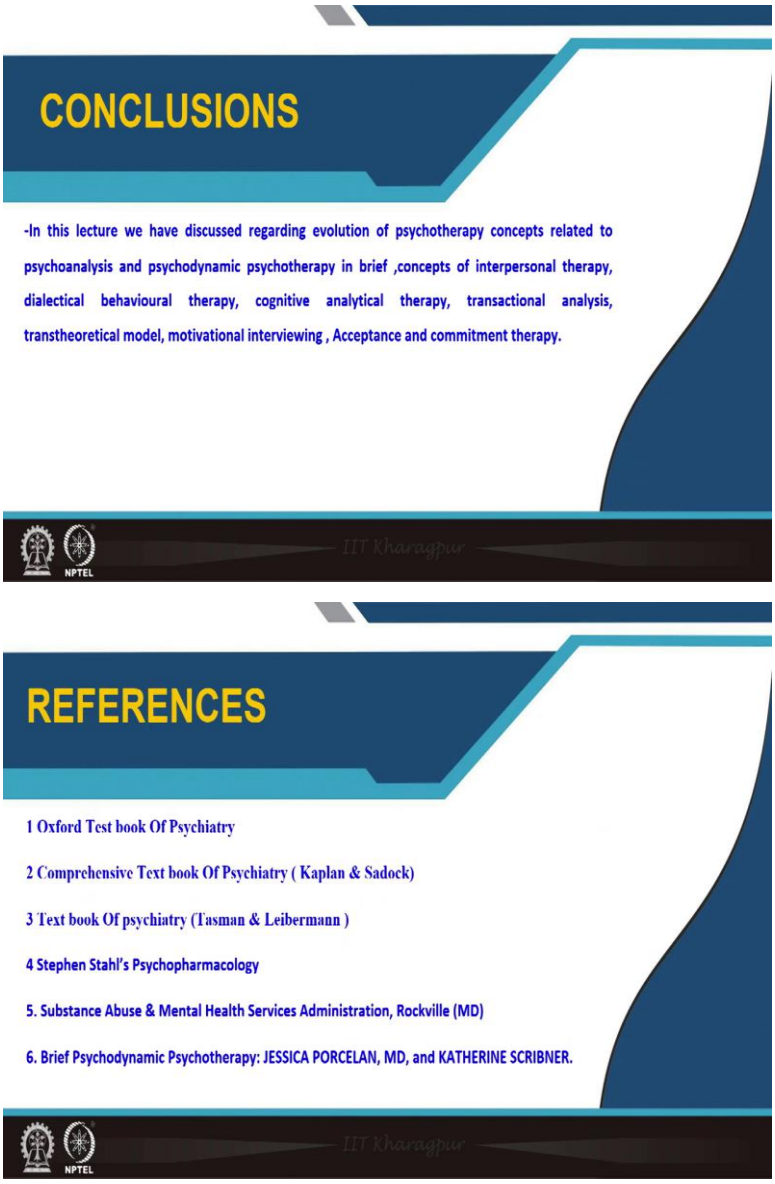

So, in this lecture, we have discussed regarding the concepts of how the psychotherapy has evolved from psychoanalytical to psychodynamic therapy, concepts of cognitive therapy, cognitive analytical therapy, interpersonal therapy, transaction analysis, motivational interviewing, acceptance, commitment therapy. These are my references. Thank you.