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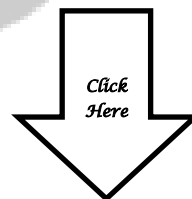
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CLINICAL PSYCHOLOGY (PSY401)

Important notes for final term exams

Lecture 23:

- L. H. Levy's (1963) statement that "Interpretation is the most important single activity engaged in by the clinician".
- Interpretation is an inferential process (Nisbett & Ross, 1980) that takes where assessment leaves off.
- Sundberg, Tyler, and Taplin (1973) have described three levels of inferences or interpretations.
- interpretations involve two kinds' inferences:
 - Descriptive generalization: generalization----still at the descriptive level. Thus, for a patient who fidgets, smokes cigarettes during the interview, and stammers the clinician may make a descriptive generalization----interview tension. If it turns out later that the patient has trouble relaxing at home, cannot sit through the meeting at the office. And is very worried about paying off the mortgage, the clinician may go to a broader descriptive generalization.
 - Hypothetical construct: that suggests an inner state and takes the clinician a bit beyond descriptive generalization.
- A preponderance of 'blood' responses on the Rorschach might be interpreted as a sign of underlying aggression that may lead to future impulsive outbursts or loss of control.
- **Two distinct approaches** to clinical judgment and interpretation.
 - First is the **quantitative or statistical approach**, which emphasizes objectivity and is presumably free from fuzzy thinking.
 - Second is the **subjective or clinical approach**, which adherents claim is the only method to offer truly useful interpretations and predictions.
- The regression equation predictors were aptitude test scores and high school rank. The counselors had available to them the two preceding sources of data (but without their mathematical weighting), vocational interest scores, interview data, and biographical data. Sarbin (1943) found that the counselors were no better than the regression equation in their predictions even though they had the benefit of much mere information.
- Meehl (1954) also observed that, in several studies, statistical predictions were made on the same data from which the regression equations were developed.
- Dawes (1994) has outlined several of the major objections to large body- of evidence supporting the superiority of statistical prediction, along with response, such objection.
- Dawes (1994) refers to this an "argument from a vacuum"-a possibility is raised, but there is no empirical demonstration supporting the possibility.

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- Garb (1997) recently reviewed the empirical evidence for race bias, social class bias, and gender bias in clinical judgment.
- Interestingly, he found that many conventionally held beliefs about these types of bias were not supported. For example, there was little support for the beliefs that
 - lower-socioeconomic-class patients are judged to be more seriously disturbed than those from higher socioeconomic classes or
 - Women patients are judged to be more disturbed or dysfunctional than men patients. However, there was strong evidence to support the existence of several other types of biases:
 - ✓ Black and Hispanic patients who have psychotic mood disorders are more likely to be misdiagnosed with schizophrenia than are similar White patients.
 - ✓ Even when presenting the same constellation of symptoms, men are more likely to be diagnosed as antisocial and women are more likely to be diagnosed as histrionic.
 - ✓ Middle-class patients are more likely to be referred for psychotherapy than lower-class patients.
 - ✓ Black patients are more likely to be prescribed antipsychotic medications than members of other racial groups, even when the Black patients are not more psychotic.
- Garb (1997) made the following recommendations to help clinicians overcome these and other bias
 - Be aware of and sensitive to the biases that have been documented in the literature.
 - Attend to the diagnostic criteria in diagnostic manuals.
 - Whenever possible, use statistical prediction rules instead of clinical judgment or prediction..

Lecture 24:

- Garb (1998) points out that clinicians who do evaluate clients' strengths and assets in addition to assessing pathology and dysfunction are less likely to pronounce clients as maladjusted or impaired.
- Garb (1998) recommends that clinicians use structured rating scales, objective personality tests, and behavioral assessment methods to form their clinical judgment and predictions.
- Investigators such as Chase (1975), Ekehammar (1974), Megargee (1970), Mischel (1968), and Moos (1975) all agree that such data are subject to a ceiling effect that will allow correlations of no better than .30 to .40 between the data and subsequent behavior.
- Intuitive predictions often ignore base rates, fail to consider regression effects, and assume that highly correlated predictors will yield higher validity (Garb, 1998; Kahneman & Tversky, 1973).

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- Regression concepts should lead one to expect that exceptionally tall parents will have a shorter child that brilliant students sometimes do poorly, and so on.
- Kahneman and Tversky (1973) showed that individuals are more confident when they are predicting from correlated tests.
- Golding and Rorer (1972) found that certain clinicians believed that anal responses on the Rorschach indicated homosexuality; and they were extremely resistant to changing their preconceptions even in the face of intensive training to the contrary.
- Appelbaum (1970) has characterized the role of the assessor as sociologist, politician, diplomat, group dynamicist, salesperson, artist, and yes, even psychologist.
- The nature of the referral, the audience to which the report is directed, the kinds of assessment procedures used, and the theoretical persuasion of the clinician are just a few of the considerations that may affect the presentation of a clinical report.
- The major responsibility of the report is to address the referral question.
- The terms interest scatter and Erlebnistypus may be all right for another clinician, but they should not appear in a report sent to a junior high school counselor.
- Barnum effect (a term applied in case where statements that appears to be valid self-descriptions in actually characterize almost everybody).

Lecture 25:

- In a most general way, psychological intervention is a method of inducing changes in a person's behavior, thoughts, or feelings.
- Psychotherapy involves intervention in the context of a professional relationship-a relationship sought by the client or the client's guardians.
- Three types of interventions
 - Positive psychology," including the promotion of health and positive behaviors.
 - Prevent psychopathology and diseases.
 - Psychotherapy
- Psychological interventions have been developed to change behaviors in order to reduce the risk for AIDS.
- Psychological interventions also may be designed to change underlying biological processes.
- Much of the work carried out by clinical psychologists is concerned with the prevention or treatment of specific forms of psychopathology as defined in the DSM-IV but clinical psychological interventions are also concerned with broader social problems and problems in living that are not included as specific diagnostic categories in the DSM-IV (Adelman, 1995).
- A rather typical general definition of psychotherapy was provided years ago by Wolberg (1967):
 "Psychotherapy is a form of treatment for problems of an emotional nature in which a trained person deliberately establishes a professional relationship with a patient with the

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object of removing, modifying or retarding existing symptoms, of mediating disturbed patterns of behavior, and of promoting positive personality growth and development.’

- (Rotter, 1971) "Psychotherapy ... is planned activity of the psychologist, the purpose of which is to accomplish changes in the individual that make his [sic] life adjustment potentially happier, more constructive, or both."
- A frequently cited meta-analytic review of more than 475 psychotherapy outcome studies reported that the average person receiving psychological treatment is functioning better than 80% of those not receiving treatment (Smith, Glass, & Miller, 1980).
- The November 1995 issue of Consumer Reports ("Mental Health," 1995) summarized the results of a survey of 4,000 readers who had sought treatment for a psychological problem from a mental health professional, family doctor, or self-help group during the year's 1991-1994. Most of the respondents were well educated, their median age was 46 years, and about half were women.
- The Consumer Reports survey provides some support for the contention that psychotherapy works.
- Interpretation is a very common component of Psychotherapy. But again, the extent of its use, the kinds and the timing of the interpretations, and the importance attributed to those interpretations vary with the school of psychotherapy. But regardless of terminology, an important element in many forms of psychotherapy is the attempt to get the patient to view past experience in a different light.
- Bandura (1989) has emphasized the importance of feelings of self-efficacy in promoting a higher performance level in the individual.

Lecture 26:

- Psychotherapy is a complex process that must vary with each client. It is not a set of simple "technologies" or procedures.
- Psychotherapy is a process of discovery – a learning process.
- Most methods of psychotherapy aim at helping clients change unproductive ways of thinking and behaving.
- Awareness is the key that opens the door from the stuck or trapped place that a person feels in to a life that embraces choice and relationship.
- It is a broad discipline that holds several approaches to dealing with anxieties and concerns to severe psychological breakdown. Symptoms that are often brought to a Psychotherapist include Depression, Anxiety States, Bereavement, Relationship Issues as well as all the other responses to modern life that for the time being simply don't work.
- Psychotherapy differs in **two ways** from the informal help or advice that one person may give another.
 - **First**, psychotherapy is conducted by a trained, certified, or licensed therapist.
 - **Secondly**, treatment methods in psychotherapy are guided by well-developed theories about the sources of personal problems.

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- Psychotherapy as the intentional application of psychological techniques for obtaining pre-determined changes, like changes in behavior, reduction of psychological distress etc. It is the treatment of emotional and /or related bodily problems by psychological means.
- Psychotherapy, by itself or in combination with drug treatment, can often help people overcome or manage these problems.
- People experiencing an emotional crisis due to marital problems, family disputes, problems at work, loneliness, or troubled social relationships may also benefit from psychotherapy.
- Other problems often treated with psychotherapy include:
 - Obsessive-compulsive disorder
 - Personality disorders
 - Alcoholism and other forms of drug dependence
 - Problems stemming from child abuse
 - Behavioral problems, such as eating disorders and juvenile delinquency.

Lecture 27:

- Assessment is an ongoing process that does not cease with the second or third interview.
- A therapy proceeds, changes in the conceptualization of the client will likely occur, and then primary goals and techniques may well change somewhat as a result.
- Hokanson (1983) uses a classification of therapy goals in terms of crisis management, behavior change, corrective emotional experience, and insight and change.
- Discussion of goals and methods must be handled with discretion, sensitivity, and skill.
- Sometimes termination is a gradual process in which meetings are reduced, for example, from once a week to once a month. As termination approaches, it is important that it be discussed in detail and the client's feelings and attitudes thoroughly aired and-dealt with. Clients do sometimes terminate suddenly, in some cases before the therapist feels it is appropriate.
- Many therapists find that "booster sessions" scheduled months after termination-perhaps 6 months and then one year later-can be quite helpful.
- COMMON ELEMENTS OF PSYCHOTHERAPY
 - Realistic relationship between patient and therapist
 - Restoration of morale
 - Release of emotion
 - Rationale
 - A combination of active listening and talking
 - Suggestion
- There are more than 250 kinds of psychotherapy.
- Most therapies can be classified as:
 - Psychodynamic
 - Humanistic

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- behavioral,
- cognitive
- Eclectic.
- In the United States, about 40 percent of therapists consider their approach eclectic.
- Forms of therapy that treat more than one person at a time include:
 - Group therapy
 - Family therapy
 - Couples therapy.
- Telch (1981), for one, argues that the more potent the therapeutic technique being used, the less important are therapist or client characteristics.
- Lazarus (1980) also argues that specific therapies are indicated for specific problems.
- Barlow's (1981) charge that many clinical psychologists simply do not pay attention to outcome research.
- Persons (1995) discuss how deficits in training and the perceived inaccessibility of resources have caused clinicians to delay adopting empirically supported treatment techniques.

Lecture 28:

- A good prognosis may be expected for a patient who is experiencing distress or anxiety but is functioning well behaviorally.
- Miller and Gross (1973) contend that the relationship between improvement and the initial disturbance is curvilinear; that is, patients with little disturbance or extreme disturbance show poorer outcomes than do moderately disturbed patients.
- Psychotherapy requires a reasonable level of intelligence (Garfield, 1994).
- Psychotherapy is not a passive process in which insights are fed to the patient.
- Scher (1990) have even recommended a brand of psychotherapy called Gender Aware Therapy (GAT).
- GAT integrates feminist psychotherapy and knowledge of gender into a treatment approach for both women and men. This approach, which focuses on exploring unique gender-related experiences, may be appropriate for- a variety of issues faced by women (such as career development and eating disorders) and men (such as depression and sexual dysfunction). Finally, although sex of the client has not been reliably linked to outcome, it is probably true that sex or gender of the therapist may be especially important to consider in certain cases. For example, women rape victims may feel much more comfortable talking to women psychotherapists than to men psychotherapists.
- a feminist therapy-a therapy that would recognize the manner in which women have been oppressed by society through the ages.
- Banks (1972) has suggested that greater rapport and self-exploration may occur when both therapist and patient are of the same race.

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- It was Schofield (1964) who described the psychotherapist's belief in the ideal patient as the YAVIS syndrome (young, attractive, verbal, intelligent, and successful).
- Freud very early recognized the potential effects of the psychoanalyst's personality on the process of psychoanalysis.
- Rogers turned to the other side of the same coin and made therapist qualities such as acceptance and warmth the cornerstones of therapy.
- Strupp and Bergin (1969) made two points worth noting:
 - First, even though the evidence shows that the therapist's personality is a potent force; other factors in combination largely determine therapy outcomes.
 - Second, research in this area has taken a back seat as behavioral therapies have gained in popularity. However, as behavior therapists attend increasingly to factors other than techniques or mechanics, it is likely that they will "rediscover" the importance of therapist characteristics and begin to integrate those characteristics into their research and practice.
- Goldstein, Heller, and Sechrest (1966) point out, it is doubtful whether the concept of the "ideal therapist" is very useful.
- Brunink and Schroeder (1979) found that expert therapists of several different theoretical persuasions were similar in their communication of empathy.
- Committee on Women in Psychology (1989).
- In the Consumer Reports study "Mental Health," (1995), people who saw a mental health professional rather than a family physician for their psychological problems reported greater progress and more satisfaction with their treatment.

Lecture 29:

- The psychodynamic approach to therapy focuses on unconscious motives and conflicts in the search for the roots of behavior.
- In 1885, Freud was awarded a grant to study in Paris with the famous Jean Charcot.
- Hysteria then was viewed as a "female" disorder most often marked by paralysis, blindness, and deafness.
- Charcot had discovered that some hysterical patients would, while under, hypnosis, relinquish their symptoms and sometimes recall the traumatic experiences that had caused them.
- Freud was greatly impressed by Charcot's work and, upon his return to Vienna, explained it to his physician friends.
- Freud had been fascinated by Josef Breuer's work with a young "hysterical" patient called Anna O.
- Freudian theory, psychic determinism, holds that everything we do has meaning and purpose and is goal directed.
- Freud also assumed the existence of unconscious motivation.

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- The analyst first of all assumes that healthy behavior is behavior for which the person understands the motivation.
- The energy that makes the human machine function is provided by two sets of instincts: the life instincts (Eros) and the death instincts (Thanatos).
- The life instincts are the basis for all the positive and constructive aspects of behavior; they include such bodily urges as sex, Hunger, and thirst as well as the creative components of culture, such as art, music, and literature.
- When this happens, the death instincts are responsible. In practice, modern analysts pay scant attention to death instincts.
- Psychoanalysis views personality as composed of three basic structures: the id, the ego, and the superego.
- The id represents the deep, inaccessible portion of the personality.
- The id has no commerce with the external world-it is the true psychic reality.
- The id is without values, ethics, or logic.
- The id is said to obey the pleasure principle,
- It uses a primary process kind of-thinking, expending energy immediately in motor activity (for example, a swelling of the bladder that results in immediate urination).
- The ego is the executive of the personality.
- Ego is an organizational system that uses perception, learning, memory, and a need satisfaction.
- Ego employs the secondary process-a process that involves learning, memory, planning, judgment, and so on.
- Ego is the reality Income, deferring the gratification of instinctual urges until a suitable object and mode are discovered.
- The role of the ego is to mediate the demands of the superego, and the real world in a way that will provide satisfaction to the organism and at the same time prevent it from being destroyed by the real world.
- The superego. It develops from the ego during childhood, rising specifically out of the resolution of the Oedipus complex (the child's sexual attraction to the parent of the opposite sex).
- He believed that each person goes through a series of developmental stages. Termed psychosexual stages, each is marked by the involvement of a particular erogenous zone of the body (especially during the first five years). **5 stages.**
 - **Oral stage:** (birth to 6 months) , is a period in which the mouth is the chief means of reaching satisfaction.
 - **Anal stage:** (from 6 months to 3years) , which attention becomes centered on defecation and urination;
 - **Phallic stage:** (from 3 to7 years of age), which the sexual organs become the prime source of gratification.
 - **Latency stage:** (5 until 12), which is characterized by a lack of overt sexual activity and, indeed, by an almost negative orientation toward anything sexual.

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- **Genital stage:** (12 to 20), this stage will culminate in a mature expression of sexuality, assuming that the sexual impulses have been handled successfully by the ego.
- Freud believed that all people manifest a particular character formation, which may not always be particularly neurotic but nonetheless does represent perpetuations of original childish impulses, either as sublimations of these impulses or as reaction formations against them.
- The circumstances that give rise to the formations of the ego, and later the superego, produce a painful affective experience called anxiety.
- There are **three** general **classes** of **anxiety**.
 - The first is **reality anxiety**-anxiety based on a real danger from the outside world.
 - **Neurotic anxiety** stems from a fear that one's id impulses will be expressed unchecked and thus lead to trouble from the environment.
 - **Moral anxiety** arises from a fear that one will not conform to the standards of the conscience. What identifies and defines these anxieties is the source rather than the quality of the anxiety experience. The essential function of anxiety is to serve as a warning signal to the ego that certain steps must be initiated to quell the danger and thus protect the organism.
- The ego defenses, or as they are sometimes called, defense mechanisms.
- These mechanisms are generally regarded as pathological because they divert psychic energy from more constructive activities and at the same time distort reality.
- Repressions, Fixation, Regression, Reaction formation, Projection are ego defenses mechanisms.
- Free association meant simply that the patient was to say everything and anything that came to mind regardless of how irrelevant, silly, lull, or revolting it might seem.
- This notion of transference would eventually become a valuable diagnostic tool during therapy for understanding the nature of the patient's problems-especially the unconscious ones.
- Catharsis-a release of energy that often had important therapeutic benefits.
- Freud also witnessed resistance-a general reluctance to discuss, remember, or think about events that are particularly troubling or threatening.
- The working-through process. This refers to a careful and repeated examination of how one's conflicts and defenses have operated in many different areas of life.
- During the course of psychotherapy, the patient will attempt to ward off efforts to dissolve neurotic methods of resolving problems. This characteristic defense, mentioned earlier, is called resistance.
- A classic psychoanalytic interpretation is designed to open up the patient to new ways of viewing things and, ultimately, to neutralize unconscious conflicts and defenses.

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Lecture 30:

- Neo-Freudians, Alfred Adler, Carl Jung, Otto-Rank
- Adler and the neo-Freudians stressed the importance of culture, learning, and social relationships instead of instinctual forces.
- Freudian techniques are often said to be practicing "psychoanalytically oriented" therapy.
- The ego analysis movement originating from within the framework of traditional psychoanalysis rather than as a splinter group, held that classical psychoanalysis overemphasized unconscious of ego processes.
- They emphasized the adaptive, "conflict-free" functions of the ego, including memory, learning, and perception. These theorists include Hartmann (1939), Anna Freud (1946a), Kris (1950), Erikson (1956), and Rapaport (1953).
- Ego-analytic therapy focuses more on contemporary problems in living than on a massive examination and reinstatement of the past.
- The ego-analytic approach has also tended to emphasize the importance of building the patient's trust through "reparenting" in the therapy relationship.
- The work of Horney, Sullivan, and Adler has been important in giving a new spin to psychoanalysis.
- The self psychology of Kohut (1977), the central task of maturation is not the successful negotiation of the psychosexual stages but the development of an integrated self.
- An important driving force has been the increasing focus on cost containment in health care systems (Cummings, 1986).
- Interpersonal psychotherapy or IPT is a brief insight oriented approach that has been applied primarily to depressive disorders although it has been_ modified for use in the treatment of other disorders (such as substance abuse and bulimia) as well.
- IPT focuses on the connection between onset of clinical problems and current interpersonal problems (with friends, partners, and relatives). Current social problems are addressed, not enduring personality traits or styles. Length: Typically 12-16 weeks.
- Therapists emphasize the possibility for change and highlight options that may affect positive change.
- They found that the average patient who had received psychodynamic psychotherapy was functioning better than 75%, of those who had received no treatment.
- Psychoanalysis seems to retain its total commitment to insight as the supreme means for solving problems in living. When understanding is complete enough, it is believed that the patients' symptoms will be ameliorated, or even disappear entirely.
- Although the quality of the therapeutic alliance is related to outcome across a number of therapeutic modalities (for example, client-centered, cognitive-behavioral), it is interesting to note that the importance of the clinician-patient relationship was recognized by Freud (1912/1966).
- Christoph (1992) meta-analysis indicates that brief psychodynamic treatments that incorporate the use of manuals show stronger treatment effects (versus psychodynamic

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treatments that do not use manuals) and in some cases may be equivalent to other forms of brief psychological treatment.

- The procedures of psychoanalysis are such that only relatively intelligent, sophisticated, and educated groups are likely to be able to accept the therapeutic demands it makes.

Lecture 31

- Developed in the 1930s by the American psychologist Carl Rogers, client-centered therapy departed from the typically formal, detached role of the therapist emphasized in psychoanalysis and other forms of treatment.
- Rogers believed that therapy should take place in a supportive environment created by a close personal relationship between client and therapist.
- Rogers's introduction of the term "client" rather than "patient".
- Beginning in the 1960s, person-centered therapy became associated with the human potential movement.
- Self-actualization, a term derived from the human potential movement, is an important concept underlying person-centered therapy.
- According to Rogers, self actualization can be blocked by an unhealthy self-concept (negative or unrealistic attitudes about oneself).
- Rogers adopted terms such as "person-centered approach" and "way of being" and began to focus on personal growth and self-actualization.
- Roger also pioneered the use of encounter groups, adapting the sensitivity training (T-group) methods developed by Kurt Lewin (1890-1947) and other researchers at the National Training Laboratories in the 1950s.
- Person-centered therapy is considered one of the major therapeutic approaches, along with psychoanalytic and cognitive-behavioral therapy.
- Three interrelated attitudes on the part of the therapist are central to the success of person-centered therapy: congruence; unconditional positive regard; and empathy.
- **Congruence** refers to the therapist's openness and genuineness—the willingness to relate to clients without hiding behind a professional facade.
- **Unconditional positive regard** means that the therapist accepts the client totally for who he or she is without evaluating or censoring, and without disapproving of particular feelings, actions, or characteristics.
- The third necessary component of a therapist's attitude is **empathy** ("accurate empathetic understanding").
- In addition to standard techniques, such as eye contact, that are common to any good listener, person-centered therapists employ a special method called **reflection**, which consists of paraphrasing and/or summarizing what a client has just said. This technique shows that the therapist is listening carefully and accurately, and gives clients an added opportunity to examine their own thoughts and feelings as they hear them repeated by another person.

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- According to Rogers, when these three attitudes (congruence, unconditional positive regard, and empathy) are conveyed by a therapist, clients can freely express themselves without having to worry about what the therapist thinks of them.
- Rogers originally developed person-centered therapy in a children's clinic while he was working there.
- When one speaks of humanism, one thinks of psychologists such as Allport, Goldstein, James, Murray, and Rogers.
- Existential psychology rejects the mechanistic views of the Freudians.
- When we discuss the psychological applications of existentialism, such names as Binswanger, Boss, Gendlin, Frankl, May, and Laing come to mind.
- From the standpoint of their physical, environment and their biological environment, people function in a social context.
- Existential therapy does not emphasize techniques.
- Therapy is an encounter that should enable the client to come closer to experience.
- Gendlin (1969, 1981) discusses focusing as a means of reaching the pre-conceptual, felt sense.
- Logo therapy encourages the client to find meaning in what appears to be a callous, uncaring, and meaningless world. Viktor Frankl developed the technique.
- Logotherapy is designed not to replace but to complement more traditional psychotherapy.
- Frankl developed logo therapy (the therapy of meaning) Frankl's views about personality and his ideas about the goals of therapy are generally quite consonant with our previous discussion of existentialism.
- Frankl regards logo therapy as the specific therapy of choice.
- Logo therapy_ then strives to inculcate a sense of the client's own responsibility and obligations to life (once the latter's meaning has been unfolded).
- **Two techniques** described by Frankl (1960) have gained considerable exposure.
- **Paradoxical intention** is a popular technique in which the client is told to consciously attempt to perform the very behavior or response that is the object of anxiety and concern.
- **De-reflection**, instructs the client to ignore a troublesome behavior or symptom. Many clients are exquisitely attuned to their own responses and bodily reactions. De-reflection attempts to divert the client's attention to more constructive activities and reflections.
- According to Frankl, the paradoxical fact is that she will usually be unable to blush when she tries to do what she fears she will do.

Lecture 32:

- Gestalt is a German word referring to wholeness.
- Gestalt therapy was developed in the 1940s and 1950s by Frederick (Fritz) Perls, a German-born psychiatrist who immigrated to the United States.

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- Like person-centered therapy, Gestalt therapy tries to make individuals take responsibility for their own lives and personal growth and to recognize their capacity for healing themselves.
- Gestalt therapy is a complex psychological system that stresses the development of client self-awareness and personal responsibility.
- The goal of Gestalt therapy is to raise clients' awareness regarding how they function in their environment (with family, at work, school, and friends). The focus of therapy is more on what is happening (the moment-to-moment process) than what is being discussed (the content).
- The theory of Gestalt therapy has three major sources.
 - Psychoanalysis
 - Humanistic
 - Gestalt therapy
- Gestalt therapy emerged from the clinical work of two German psychotherapists, Frederick Salomon Perls, and Laura Perls. Frederick Perls, known to many of his students as Fritz, was trained as a psychiatrist.
- Martin Heidegger and was awarded a doctorate in psychology for her graduate studies.
- The most important of her teachers was the Gestalt psychologist Max Wertheimer. F. S. and Laura Perls fled Western Europe in 1933 ahead of the onslaught of Nazism to Johannesburg, South Africa, where they practiced until the termination of hostilities in 1945.
- **Four stages** in the unfolding of a therapeutic session and corresponding counselor behaviors which serve to guide a conflict into awareness expose its ramifications in a client's external and internal experience, and aid in its resolution will be examined.
 - Stage 1: Emergence of the Problem
 - Stage 2: Working with External Polarities
 - Stage 3: Working with Internal Polarities
 - Stage 4: Integration
- "Imagining a threatening future event; setting up a dialogue between a client and some significant person in his and her life;
- Dramatizing the memory of a painful event; reliving a particularly profound early experience in the present; assuming the identity of one's mother or father through role-playing;
- Focusing on gestures, posture, and other nonverbal signs of inner expression; carrying on a dialogue between two conflicting aspects within the person."
- Self-dialogue by clients is an intervention used by Gestalt therapists that allow clients to get in touch with feelings that they may not be unaware of and, therefore, increase the integration of different parts of clients that do not match or conflicts in clients.
- Working with the clients' dreams requires developing a list of all the details of the dream, remembering each person, event, and mood in it and then becoming each of these parts through role-playing, and inventing dialogue.

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- Dialogue between these opposing sides leads clients toward gradual insight into the range of their feelings and important themes in their lives.
- Awareness of and the reintegration the client's avoidance behaviors are assisted by the interventions used to increase and enhance awareness of feelings, thought, and behaviors.
- According to Corey, "The therapeutic style of therapists in each modality vary drastically on many dimensions including degree and type of structure; quantity and quality of techniques used; frequency of sessions, abrasiveness and ease of relating, focus on body, cognitions, feelings; interpersonal contact; knowledge of work within psychodynamic themes; and degree of personal encountering."
- The "rules" of Gestalt therapy (Levitsky & Perls, 1970) include the following:
 - Communication is in the present tense (looking backward or forward is discouraged).
 - Communication is between equals (one talks with, not at). One uses "I" language rather than "it" language (to encourage the acceptance of responsibility).
 - The client continually focuses on immediate experience (for example, the therapist will ask, "How does it feel to describe the hostility?" "Tell me what you are feeling at this moment").
 - There is no gossip (talking about someone else).
 - Questions are discouraged (because questions are often quiet ways of stating opinions rather than seeking information).
- The "moral precepts" (or rules for patients to live by) of Gestalt therapy are described by Naranjo (1970Jj).
 - Live now (Be concerned not with the past or the future but with the present.)
 - Live here. (Be concerned with what is present, not with what is absent.)
 - Stop imagining. (Experience only the real.)
 - Stop unnecessary thinking. (Be oriented toward hearing, seeing, smelling, tasting, and touching.)
 - Express directly. (Do not explain, judge, or manipulate.)
 - Be aware of both the pleasant and the unpleasant
 - Reject-all "shoulds" and "ought" that are not your own.
 - Take-complete responsibility for your actions, thoughts, and feelings.
 - Surrender to being what you really are.

Lecture 33:

- In the 1950s. Joseph Wolpe and Arnold Lazarus in South Africa and Hans Eysenck at Maudsley Hospital in London began to apply the results of animal research to the acquisition and elimination of anxiety in humans.
- In his work on conditioned reflex therapy, Salter (1949) also attempted to develop a method of therapy that was derived from the Pavlovian tradition.

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- Wolpe's technique of systematic desensitization, like Jones's reconditioning work, provided a practical demonstration of how principles of learning could be applied in the clinical setting.
- the "mentalist demonology" of Freudianism or to the "psychiatric pigeonholing" practiced by Kraepelinians.
- In 1954, Julian Rotter published his book **Social Learning and Clinical Psychology**.
- Albert Bandura's (1969) social learning contributions to the modification of a behavior.
- Rotter and Bandura who led the way to the current cognitive emphasis, giving behavior therapy a wider ranging and serviceable character.
- Freud viewed thinking processes as irrational, distorting processes rather than problem-solving processes.
- Lazarus (1971a) refers to this as a broad spectrum behavior therapy.
- Systematic desensitization is a technique to reduce anxiety.
- Developed by Salter (1949) and Wolpe (1958), it is based on reciprocal inhibition the apparently simple principle that one cannot be relaxed and anxious simultaneously (Systematic desensitization).
- Systematic desensitization has been shown to be efficacious for animal phobias, public speaking anxiety, and social anxiety (Chambless et al., 1998).
- Behavior therapists frequently use the progressive relaxation methods of Jacobson (1938).
- A typical anxiety hierarchy consists of 20 to 25 items in approximately equal intervals from low through moderate to extreme.
- Wolpe's explanation for the success of systematic desensitization is based on the principle of counter conditioning (the substitution of relaxation for anxiety), others are not so sure (Davison & Wilson, 1973).
- Emmelkamp (1982) has reviewed the empirical support for these and other theoretical explanations.
- Richardson and Suinn (1973) also report positive results when participants are exposed only to the three highest hierarchy scenes.
- Wolpe's explanation for the success of systematic desensitization is based on the principle of counter conditioning (the substitution of relaxation for anxiety), others are not so sure (Davison & Wilson, 1973).
- The term exposure therapy is used to describe a behavior therapy technique that is a refinement of a set of procedures originally known as flooding or implosion. The roots of exposure therapy can be traced to Masserman (1943), who studied anxiety reactions and avoidance behaviors in cats.
- Masserman's studies involved inducing "neurotic behaviors" in cats by administering shock under certain environmental conditions.
- These findings were the basis for developing anxiety treatments for humans There is empirical support for the efficacy of exposure treatments for specific phobias, panic

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disorder, agoraphobia, social phobia, post traumatic stress disorder, and obsessive-compulsive disorder.

- The "exposure" can be in real life (in vivo) or in fantasy (in-imagino).
- Interoceptive cues---internal physiological stimuli such as rapid breathing and dizziness.
- Moreno (1947) developed psychodrama, a form of role playing, to help solve patients' problems, and Kelly (1955) used fixed-role therapy.
- For Moreno, role playing provided a therapeutic release of emotions that was also diagnostic-in identifying the causes of the patient's problems.
- For Kelly, role playing was a method of altering the patient's cognitive structure.
- According to Goldfried and Davison (1994), the use of behavior rehearsal involves four stages.
 - The first stage is to prepare the patient by explaining the necessity for acquiring new behaviors, getting the patient to accept for rehearsal as a useful device, and reducing any initial anxiety over the prospect of role playing.
 - The second stage involves the selection of target situations. At this point many therapists draw up a hierarchy of role playing or rehearsal situations. This hierarchy should relate directly to those situations in which the patient has been having difficulty.
 - The third stage is the actual behavior rehearsal. Moving up the hierarchy, the patient plays the appropriate roles, with the therapist providing both coaching and feedback regarding the adequacy of the patient's performance. Sometimes videotaped replays are used as, an aid.
 - The final stage is the patient's actual utilization of newly acquired skills in real-life situations. After such in vivo experiences, the patient and the therapist discuss the patient's performance and feelings about the experiences. Sometimes patients are asked to keep the records describing the situations they were in, their behavior, and its consequences.
- Behavioral rehearsal is assertiveness training. Wolpe regarded assertive responses as an example of how reciprocal inhibition works.
- It is really a method of training people to express how they feel without trampling on the rights of other in the process (Wolpe & Lazarus, 1966).
- A variety of Skinnerian or operant techniques are all referred to as contingency management procedures.
- Shaping: A desired-behavior is developed by first rewarding any behavior that approximates it. Gradually, through selective reinforcement of behavior more and more closely resembling the desired behavior, the final behavior is shaped. This technique is sometimes called successive approximation.
- Time Out: Undesirable behavior is extinguished by removing the person temporarily from a situation in which that behavior is reinforced. A child who disrupts the class is removed so that the disruptive behavior cannot be reinforced by the attention of others.

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- Contingency Contracting: A formal agreement or contract is struck between therapist and patient, specifying the consequences of certain behaviors on the part of both.
- “Grandma’s Rule”: The basic idea is akin to Grandma's exhortation, "First you work, then you play!" It means that desired activity is reinforced by allowing the individual the privilege of engaging in a more attractive behavior. For example, the child is allowed to play ball after the music lesson is completed. This method is sometimes referred to as the Premack principle (Premack, 1959).
- The principles of operant conditioning are especially apparent in token economy programs that are designed to modify the behavior of institutionalized populations; such as those with mental retardation-or chronic mental illness (Kazdin, 1977; Liberman, 1972).
- In establishing a token economy, there are three major considerations (Krasner, 1971).
 - First, there must be a clear and careful specification of the desirable behaviors that will be reinforced.
 - Second, a clearly defined reinforcer for medium of exchange-for example, colored poker chips, cards, or coins) must be decided upon.
 - Third, backup reinforcers are established. These may be special privileges or other things desired by the patient.

Lecture 34:

- Behavior therapy was largely dominated by terms and concepts such as behavior modification, systematic desensitization, operant, shaping, token economies, and aversive conditioning.
- Cognitive-behavioral therapy seeks to modify or change patterns of thinking that are believed to contribute to a patient's problems.
- Systematic desensitization was developed by Joseph Wolpe during the 1950's. Also known as gradual exposure therapy and based on the principle of classical conditioning.
- Flooding was developed by Mary Michelson.
- Implosive Therapy is a technique introduced by Stampfl and Levis in 1967. Also known as hit and hit hard phenomenon.
- Aversion Therapy is opposite to desensitization.
- Shaping technique was first developed and used by B.F Skinner.
- Token economy developed by Ayllon and Azrin in 196.
- Modeling based on Albert Bandura observational learning or imitation.
- Rotter's social learning theory (Rotter, 1954; Rotter, Chance, & Phares. 1972) helped bridge the chasm between traditional psychodynamic clinical practice and learning theory.
- Social learning theory facilitated a fusion of approaches that is still in progress.

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- In evaluating the relevance of this social learning theory for the practice of both traditional psychotherapy and behavior therapy, consider the following implications discussed by Rotter (1970):
 - Psychotherapy is regarded as a learning situation, and the role of the therapist is to enable the patient to achieve planned changes in observable behavior and thinking.
 - A problem-solving framework is a useful way in which to view most patients' difficulties.
 - Most often, the role of the therapist is to guide the teaming process so that not only are inadequate behaviors and attitudes weakened but more satisfying and constructive behaviors are learned.
 - It is often necessary to change unrealistic expectancies; in so doing, one must realize how it was that certain behaviors and expectancies arose and how prior experience was misapplied or over generalized by the patient.
 - In therapy, the patient must learn to be concerned with the feelings, expectations, motives, and needs of others.
 - New experiences or different ones in real life can often be much more effective than those that occur only during the therapy situation.
 - In general, therapy is a kind of social interaction.
- Albert Bandura (1969, 1971) has advocated the use of modeling, or observational learning, as a means of altering behavior patterns, particularly in children. Imitation, Modeling or observation are much more efficient_ techniques for learning than is a simple reliance on punishment for incorrect responses and reward for correct ones.
- As noted by Thorpe and Olson (1997), observational learning is best and most efficient when the following four conditions are met:
 - Patients attend to the model. Incentives may be helpful to facilitate attention.
 - Patients retain the information provided by the model. It may be helpful to use imagery techniques or verbal coding strategies to help patients organize and retain the information provided.
 - Patients must perform the modeled behavior. It is important that the behavior be mimicked and practiced to facilitate learning and behavior change.
 - Finally, patients must be motivated to use the behavior that is modeled. It is suggested that reinforcing consequences be used to increase the likelihood that the modeled behavior will be used.
- Albert Ellis (1962), Goldfried and Davison 1994) accept-the notion that much maladaptive behavior is determined by the ways in which people construe their world or by the assumptions they make about it.
- Ellis's (1962) rational-emotive Behavior therapy (REBT).
- Ellis was clearly a pioneer in what has become cognitive behavior therapy. REBT aims to change behavior by altering the way the patient thinks about things.

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- According to Ellis, however, all behavior, whether maladjusted or otherwise, is determined not by events but by the person's interpretation of those events. In the ABCs of REBT, Ellis argues that it is beliefs (B) about activating events or situations (A) that determine the problematic emotional or behavioral consequences (C).
- Aaron Beck has been a pioneer in the development of cognitive-behavioral treatments for a variety of clinical problems (Beck, 1991).
- This model of intervention entails the use of both cognitive and behavioral techniques to modify dysfunctional thinking patterns that characterize the problem or disorder in question (Beck, 1993).
- The following cognitive therapy (CT)-techniques might be used in the treatment of his depression (Beck, Rush, Shaw, & Emery, 1979):
 - Scheduling activities to counteract his relative inactivity and tendency to focus on his depressive feelings.
 - Increasing the rates of pleasurable activities as well as of those in which some degree of mastery is experienced.
 - **Cognitive rehearsal:** Have the patient imagine each successive step leading to the completion of an important task (such as attending an exercise class), so that potential impediments can be identified, anticipated, and addressed.
 - Assertiveness training and role playing.
 - Identifying automatic thoughts that occur before or during dysphoric episodes (for example, "I can't do anything right").
 - Examining the reality or accuracy of these thoughts by eat challenging their validity ("So you don't think there is *anything you* can do right?").
 - Teaching the patient to reattribute the "blame" for negative consequences to the appropriate source. Depressed patients have a tendency to blame themselves for negative outcomes, even when they are not to blame.
 - Helping the patient search for alternative solutions to his problems instead of resigning himself to their insolubility.

Lecture 35:

- Group therapy is a form of psychotherapy in which a small, carefully selected group of individuals meets regularly with a therapist.
- Psychiatrist Dr. Irvin D. Yalom in his book *The Theory and Practice of Group Therapy* identified 11 "curative factors" that are the "primary agents of change" in group therapy.
- Catharsis is a powerful emotional experience—the release of conscious or unconscious feelings—followed by a feeling of great relief. Catharsis is a factor in most therapies, including group therapy. It is a type of emotional learning, as opposed to intellectual understanding, that can lead to immediate and long-lasting change.
- One of the earliest formal uses of group methods was Joseph H. Pratt's work with tubercular patients in 1905.

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- A major figure in the group movement was J. L. Moreno, who began to develop some group methods in Vienna in the early 1900s and, in 1925, introduced his psychodrama to the United States.
- Moreno also used the term group therapy
- In the 1930s, Slavson encouraged adolescent patients to work through their problems with controlled play.
- Psychodynamic theory was conceived by Sigmund Freud, the father of psychoanalysis.
- Until the 1940s virtually all psychotherapy was based on psychoanalytic principles.
- Psychodrama—developed by Jacob Moreno, an Austrian psychiatrist, this technique encourages members to play the parts of significant individuals in their lives to help them solve interpersonal conflicts.
- Catharsis, the therapeutic release of emotions followed by relief, plays a prominent role.
- Person-centered therapy—a therapeutic approach developed by the psychologist Carl Rogers.
- Rogers's person-centered therapy became the basis for the intensive group experience known as the encounter group, in which the leader helps members discuss their feelings about one another and, through the group process, grow as individuals.
- Gestalt Group therapy—in the 1940s Fritz Perls challenged psychoanalytic theory and practice with this approach.
- Eric Berne (1961) was the developer of and the dynamic force behind transactional analysis (TA).
- TA is essentially a process in which the interactions among the various aspects of the people in the group are analyzed.
- The emergence of behavior therapies in the 1950s represented a radical departure from psychoanalysis.
- Behavior therapies focus on how a problem behavior originated, and on the environmental factors that maintain it. Individuals are encouraged to become self-analytical, looking at events occurring before, during, and after the problem behavior takes place. Strategies are then developed and employed to replace the problem behavior with new, more adaptive behaviors.
- cognitive-behavioral therapy, developed in the 1960s and 1970s,
- Albert Ellis, a psychologist who believed that we cause our own unhappiness by our interpretations of events, rather than by the events themselves, is a major figure in cognitive-behavior therapy.
- time-limited group therapy (Budman & Gurman, 1988)
- As described by Budman and Gurman (1988), time limited groups are characterized by four central features:
 - Pregroup preparation and screening
 - Establishing and maintaining a working focus

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- Group cohesion
- Reactions to time limits
- Budman and Gurman (1988) also analyze the different stages of the group (starting the group, early group development, termination, follow-up), because each stage presents the therapist with different challenges.
- People with organic brain injury and other cognitive impairments may also be poor candidates for group therapy, as are patients with sociopath traits, who show little ability to empathize with others.
- The termination of a long-term therapy group may cause feelings of grief, loss, abandonment, anger, or rejection in some members.
- Studies have shown that both group and individual psychotherapy benefit about **85% of the patients** who participate in them. Ideally, patients leave with a better understanding and acceptance of themselves, and stronger interpersonal and coping skills.

Lecture 36:

- Family therapy is a form of psychotherapy that involves all the members of a nuclear or extended family.
- The purpose of family therapy is to identify and treat family problems that cause dysfunction.
- Family therapy is based on systems theory, which sees the family as a living organism that is more than the sum of its individual members and evaluates family members in terms of their position or role within the system. Problems are treated by changing the way the system works rather than trying to "fix" a specific member.
- In conjoint family therapy, the entire-family is seen at the same time by one therapist.
- In concurrent family therapy, one therapist sees all family members, but in individual sessions.
- In collaborative family therapy, each family member sees a different therapist. The therapists' then get together to discuss their patients and the family as a whole.
- Behavioral family therapy becomes a process of inducing family members to dispense the appropriate reinforcements to one another for the desired behaviors.
- The focus of couples therapy is to identify the presence of dissatisfaction and distress in the relationship, and to devise and implement a treatment plan.
- There are **two major categories of problems**. The **first** category of problems relates to **dysfunction** brought into the relationship from early childhood trauma and experiences. The **second** involves the **patient's reaction to difficulties** and a sense of un-entitlement (a

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personal feeling that one does not deserve something). A patient's shame and guilt are major factors precipitating the thoughts of un-entitlement.

- Behavioral marital therapists tend to improve relationships between a couple by increasing positive exchanges and decreasing the frequency of negative and punishing interactions.

Behavior exchange between partners is flowing continuously and prior histories can affect relationship interactions. Behavior therapy in general is based on the idea that when certain behaviors are rewarded, they are reinforced. The amount of rewards (positive reinforcers) received in relation to the amount of aversive behavior is linked to an individual's sense of relationship dissatisfaction.

Lecture 37:

- In Rappaport's (1977) view, three sets of concerns define the community psychology perspective: human resource development, political activity, and science.
- In 1955, the U.S. Congress passed legislation creating the joint Commission on Mental Health and Illness.
- President Kennedy called for a "bold new approach" to prevent mental disorder.
- The so-called Kennedy Bill of 1963 funded the construction of mental health centers.
- The American Psychological Association endorsed the desirability of community residents' participating in all these decisions (Smith & Hobbs, 1966) and helped focus attention on the concept of community approaches and participation.
- A conference held in 1965 is regarded by many as the "official" birth of community psychology (Zax & Specter, 1974).
- The Division of Community Psychology was organized within the American Psychological Association. Soon The Community Mental Health Journal and the American Journal of Community Psychology began publication.
- The 1955 Joint Commission on Mental Health and Illness made several basic recommendations that set the tone for the subsequent development of community psychology-a tone that still resonates in accord with political and financial pressures across the nation.
- five essential services:
 - (1) Inpatient care;
 - (2) Outpatient care;
 - (3) Partial hospitalization (for example, the patient works during the day but returns to the hospital at night);
 - (4) Round-the-clock emergency service; and
 - (5) Consultation services to a variety of professional, educational, and service personnel in the community.
- Their book, Fourteen Ounces of Prevention, describes 14 model prevention programs for children, adolescents, or adults. Prevention programs for adults have been developed and implemented as well by Price, Cowen, Lorion, and Ramos-McKay (1988).

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- The essence of the notion-of primary prevention can be seen in Caplan's (1964) emphasis on "counteracting harmful circumstances before they have had a chance to produce illness".
- Albee (1986) points out, however, that the complexity of human problems often requires preventive strategies that depend on social change and redistribution of power.
- Secondary prevention is the early detection and treatment of those individuals with potentially damaging drinking problems (Alden, 1988).
- The Rochester Primary Mental Health Project pioneered by Emory Cowen, which began in 1957.
- The development of early detection and prevention programs in several states has been described by Cowen, Hightower, Johnson, Sarno, and Weissberg (1989).

Lecture 38:

- "Consultation is the process whereby an individual (the consultee) who has responsibility for providing a service to others (the clients) voluntarily consults another person (the consultant) who is believed to possess some special expertise which will help the consulted provide a better service to his or her clients".
- Client-centered case consultation. Here the focus is on helping a specific client or patient to solve a current problem. For example, a clinician might be asked to consult with a colleague on a diagnostic problem involving a specific patient.
- Consul tee-centered case consultation. In this instance, the aim is to help the consultee enhance the skills that he or she needs in order to deal with future cases. For example, a teacher might be advised on how to selectively reinforce behavior in order to reduce classroom disturbances.
- Program-centered administrative consultation. The notion here is to assist in the administration or management of a specific program. For instance, a consultant might be hired to set up an "early warning system" in the schools to detect potential cases of maladjustment.
- Consultee-centered administrative consultation. Here the aim is to improve the skills of an administrator in the hope that this will enable her or him to function better in the future. For example, asensitivity group consisting of administrators might be monitored by a consultant in order to help enhance the administrators' communication skills.
- The Mendota Program (Marx, Test, & Stein, 1973) was a pioneering attempt to help formerly "undischageable" patients find jobs, learn cooking and shopping skills, and so on.

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- McGee's (1974) development of the Suicide and Crisis Intervention Service (SCIS) in Gainesville, Florida.
- In the mid-1960s, President Johnson created the Office of Economic Opportunity (OEO).
- Durlak (1979) concluded that professional education, training, and experience are not prerequisites for becoming an effective helping person.
- The recent IOM report (1994) recommends that future prevention research specialists should have a solid background in a relevant discipline (such as nursing, sociology, social work, public health, epidemiology, medicine, or clinical/community psychology).
- knowledge of and sensitivity to cultural and ethnic differences will inform the following activities and roles of a prevention researcher (IOM, 1994):
 - Developing relationships with community leaders and organizations.
 - Conceptualizing and identifying potential risk factors, mechanisms, and antecedents of problems or disorders.
 - Developing interventions that will have maximum effect, and deciding how these should be disseminated and delivered to the target population.
 - Determining the content and format of evaluation instruments.

Lecture 39:

- The costs of medical care have skyrocketed to more than 14% of the gross domestic product (GDP) or more than \$898 billion annually.
- Behavioral medicine basically refers to the integration of the behavioral sciences with the practice and science of medicine. Matarazzo 11980)
- Rice (1998), two major perspectives have influenced our views of health and illness.
- Psychosomatic medicine was largely the province of psychiatrists and physicians.
- By the 1960s, many major infectious diseases had been conquered.
- Type A personality (Friedman & Rosenman, 1974) is characterized by hostility, competitiveness, and being time driven. Although subsequent research has failed to support a direct link between Type A personality and heart disease (Brannon & Feist, 2000; Rice, 1998),

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- The biopsychosocial model (Engel, 1977). In many ways, this model can be viewed as an integration of the biomedical and psychosocial perspectives. As the name implies, the biopsychosocial model holds that illness and health are a function of biological, psychological, and social influences. Biological influences can include genetic predispositions, nutritional deficiencies, and biochemical imbalances. Psychological influences can include the individual's behaviors, emotions, and cognitions.
- Adrenocorticotrophic hormone (ACTH)
- The pituitary gland (a structure connected to the hypothalamus in the forebrain) to release adrenocorticotrophic hormone (ACTH), and ACTH stimulates the adrenal' cortex of the adrenal gland to secrete glucocorticoids.
- The most important glucocorticoids where stress is concerned is cortisol.
- Cortisol is a hormone that, like epinephrine and nor epinephrine, mobilizes the body's resources.
- Cortisol serves primarily to increase energy level and decrease inflammation. The latter function is particularly useful if injuries are sustained in an urgent situation.
- Ader and Cohen (1975) presented evidence suggesting that the nervous system and the immune system interact and are interdependent by demonstrating that immune system responses in rats could be classically conditioned.
- Self-efficacy is relevant to a number of topics addressed by health psychologists, including major theories of health-related behavior change.
- Self-efficacy, refers to "people's beliefs about their capabilities to exercise control over events that affect their lives" (Bandura, 1989,)
- Protection motivation theory (PMT)
- Coping appraisal is influenced by one's selfefficacy or belief that one can implement the appropriate coping behavior or strategy (Maddux et al.,1995).
- Glass (1977) describes Type A individuals as those who tend to:
 - Perceive time passing quickly,
 - Show a deteriorating performance on tasks that require delayed responding,
 - Work near maximum capacity even when there is no time deadline,
 - Arrive early for appointments,
 - Become aggressive and hostile when frustrated,
 - Report less fatigue and fewer physical symptoms,
 - Are intensely motivated to master their physical and social environments and to maintain control,
- Social support refers not only to the number of social relationships, but also to the quality of those relationships (can you confide in your friends and family members?).

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- Williams et al. (1992) followed approximately 1400 patients with coronary artery disease for an average of 9 years, and found that patients who rated higher on measures of social support (for example, married, able to confide in spouses) exhibited significantly lower rates of mortality over the follow-up period.
- Preliminary data also suggest that white may benefit from social support more than non whites (Brannon & Feist, 2000).

Lecture 40:

- Relapse rates are high (70-80%)
- It is estimated that about 70% of men and 50% of women in the United States consume alcoholic beverages (United States Department of Health and Human Services, 1993).
- School-based prevention programs typically involve one or more of the following components: **affective education** (building self-esteem, increase decision-making skills); **life skills** (communication skills, assertiveness training); **resistance training** (learn to resist pressures to drink alcohol); and **correction of erroneous perceptions about peer norms** (USDHHS, 1997).
- Obesity is associated with such medical disorders as diabetes, hypertension, cardiovascular disease, and certain cancers (Brannon & Feist, 2000).
- 10-25% of all children are obese
- 80% of these individuals become obese adults (Stunkard, 1979).
- Traditional medical and dietary methods of treatment have not been very effective; obese individuals lose weight but then quickly regain it.
- An excellent example of such an approach is the Stanford Adolescent Obesity Project (Coates & Thoresen, 1981).
- By the end of 1997, 85% of Americans belonged to some kind of managed health care plan (Winslow, 1998).
- Frank and Ross (1995) estimate that there are approximately **32.8 social workers**, **22.8 psychologists**, **13.1 psychiatrists**, and 4.3 psychiatric nurses for every 100,000 Americans (a total of **73 mental health professionals per 100,000**).
- psychopharmacology :
- Neuropsychology :
- Psychoneuroimmunology:

Lecture 41:

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- Some authors point to the Edwin Smith Surgical Papyrus, a document thought to date between 1.700 and 3000 B.C., which discusses localization of function in the brain (Walsh & Darby, 1999).
- the second century A.D. when Galen, the Roman physician argued that the mind was located in the brain, not in the heart as Aristotle had claimed
- Karl Lashley to argue for the concept of equipotentiality.
- Two perspectives is the functional model. First proposed by the neurologist Jackson and later adapted by the Soviet neuropsychologist Luria, the functional model holds that areas of the brain interact with each other to produce behavior. Behavior "is conceived of as being the result of several functions or systems of the brain areas, rather than the result of unitary or discrete brain areas. A disruption at any stage is sufficient to immobilize a given functional system" (Golden et al., 1992).
- An alternative theory that integrates these two perspectives is the functional model.
- First proposed by the neurologist Jackson and later adapted by the Soviet neuropsychologist Luria, the functional model holds that areas of the brain interact with each other to produce behavior. Behavior "is conceived of as being the result of several functions or systems of the brain areas, rather than the result of unitary or discrete brain areas.
- A disruption at any stage is sufficient to immobilize a given functional system" (Golden et al., 1992). The importance of this formulation is that it can account for many of the clinical findings that are inconsistent with previous theories.
- Neuropsychology as a field began to grow immediately after World War II, because of (1) the large numbers of head injuries in the War and (2) the development of the field of clinical psychology itself (Hartlage, 19871).
- By 1980 the Luria-Nebraska Neuropsychological Battery had been developed, and it is now frequently used as an alternative to the Halstead-Reitan Battery.
- Standard batteries, such as the Halstead-Reitan and the Luria-Nebraska, may be too time consuming and are not easily modified to accommodate specific clinical situations.
- The brain consists of two hemispheres.
- The left hemisphere controls the right side of the body and is thought to be more involved in language functions, logical inference, and detail analysis in almost all righthanded individuals and a good many left-handers as well.
- The right hemisphere controls the left side of the body. It is more involved in visual-spatial skills, creativity, musical activities, and perception of direction. But, again, note that some left-handers may reverse this hemispheric pattern.

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- The two hemispheres communicate with one another via the **corpus callosum**, which helps to coordinate and integrate our complex behavior.
- Cerebral hemisphere has **four lobes**: the **frontal, temporal, parietal, and occipital lobes**.
- The **frontal lobes** are the most recently developed parts of the brain in terms of evolution. They enable us to observe and compare our behavior and the reactions of others to it in order to obtain the feedback necessary to alter our behavior to achieve valued goals. Also associated with the frontal lobes are executive functions formulating, planning, and carrying out goal-directed initiatives. Finally, emotional modulation the ability to monitor and control one's emotional state-is also associated with frontal lobe functioning.
- The **temporal lobes** mediate linguistic expression, reception, and analysis. They are also involved in auditory processing of tones, sounds, rhythms, and meanings that are non language in nature.
- The **parietal lobes** are related to tactile and kinesthetic perception, understanding, spatial perception, and some language understanding and processing. They are also involved in body awareness.
- The **occipital lobes** are mainly oriented toward visual processing and some aspects of visually mediated memory. Motor coordination, as well as the control of equilibrium and muscle tone, is associated with the cerebellum.
- The blockage and rupture of cerebral blood vessels is often termed "stroke."
- In occlusions 3 blood clot blocks the vessel that feeds a particular area of the brain.
- aphasia (language impairment)
- apraxia (inability to perform certain voluntary movements),
- agnosia (disturbed sensory perception).
- In the case of a cerebral hemorrhage, the blood vessel ruptures and the blood escapes onto brain tissue and either damages or destroys it.
- Alzheimer's disease is the most common degenerative disease (age of onset is typically 65 years old or older)
- Parkinson's disease (age of onset 50 to 60 years old)
- Huntington's chorea (age of onset 30 to 50 years old).
- Korsakoff's psychosis (resulting from nutritional problems brought about by poor eating habits common in longtime alcoholics)
- pellagra (niacin/vitamin B-3 deficiency)
- beriberi (thiamin/vitamin B-1 deficiency)

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- The limbic system is a network of structures within the brain associated with memory formation, emotional regulation, and sensory integration. Studies of alcoholics have indicated deficits in these areas of functioning.
- The diencephalon is a region near the center of the brain that includes the mammillary bodies of the hypothalamus.
- **Impaired orientation:** inability, for example, to say who one is, name the day of the week, or know about one's surroundings.
- **Impaired memory:** patient forgets events especially recent ones, sometimes confabulates or invents memories to fill the gaps, and may show impaired ability to learn and retain new information.
- **Impaired intellectual functions:** comprehension, speech production, calculation, and general knowledge may be affected (for example, cannot define simple words, name the U.S. president, or add figures).
- **Impaired judgment:** patient has trouble with decisions (for example, cannot decide about lunch, when to go to bed, and so on).
- **Shallow and labile affect:** person laughs or weeps too easily and often inappropriately; shifts from joy to tears to anger, for example, very rapidly.
- **Loss of emotional and mental resilience:** patient may function reasonably well under normal circumstances, but stress (for example, fatigue, mental demands: emotional upset) may result in deterioration of judgment, emotional reactions, and similar problems.
- According to equipotential theory, all areas of the brain contribute equally to overall intellectual functioning (Krech, 1962).
- According to Luria (1973), very complex behaviors involve complex functional systems in the brain that override any simple area locations. Because our ability to abstract is a complex intellectual skill, for example, it involves many systems of the brain.
- A program of rehabilitation is then developed that will be maximally beneficial to the patient, given her or his deficits, as well as one that will be efficient in the sense or requiring a minimum amount of staff time and supervision (Golden et al., 1992).

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Lecture 42:

- Miller outlined three broad goals of neurological assessment.
 - Firstly, diagnosis, to determine the nature of the underlying problem.
 - Secondly, to understand the nature of any brain injury or resulting cognitive problem and its impact on the individual,
 - And lastly, assessments may be undertaken to measure change in functioning over time.
- “Neuropsychology is the study of brain-behavior relationships”.
- Lezak (1976) discusses 2 methods.
 - The first is based on the assumption that certain well established abilities, such as vocabulary skills and fund of general information, are frequently preserved in individuals with brain injury, while other skills are impaired. A clinician using this method examines the level of performance on tasks like the vocabulary and information subtests of the WAIS and compares this performance with other neuropsychological test scores. However, the clinician must be careful, since certain localized injuries (mainly of the left hemisphere) often produce deficits in language usage that may severely compromise the individual’s verbal skills.
 - The second method assumes that the individual’s best current performance provides the closest approximation to his original ability level;” hence the clinician simply looks for the highest scores or set of scores.
- Psychologists used the Bender Gestalt as a single measure of organicity.
- Electrophysiological (EEG)
- computerized axial tomography (CAT)
- positron emission tomography (PET)
- Nuclear magnetic resonance imaging (NMR or MRI) technique.
- Single photon emission computed tomography (SPECT)
- Wisconsin Card Sorting Test (WCST) by (Heaton, 1981).
- Wechsler (1945) developed the Wechsler Memory Scale, or WMS. The Wechsler Memory Scale-3 is the most recent revision of the WMS.
- The WMS-3 was developed in conjunction with the WAIS-3 (Wechsler, 1997), because clinicians often measure intellectual ability and memory concurrently.
- Visual-spatial skills are necessary for a broad range of activities, including reading a map, parallel parking a car, a throwing a baseball from the outfield to a base.

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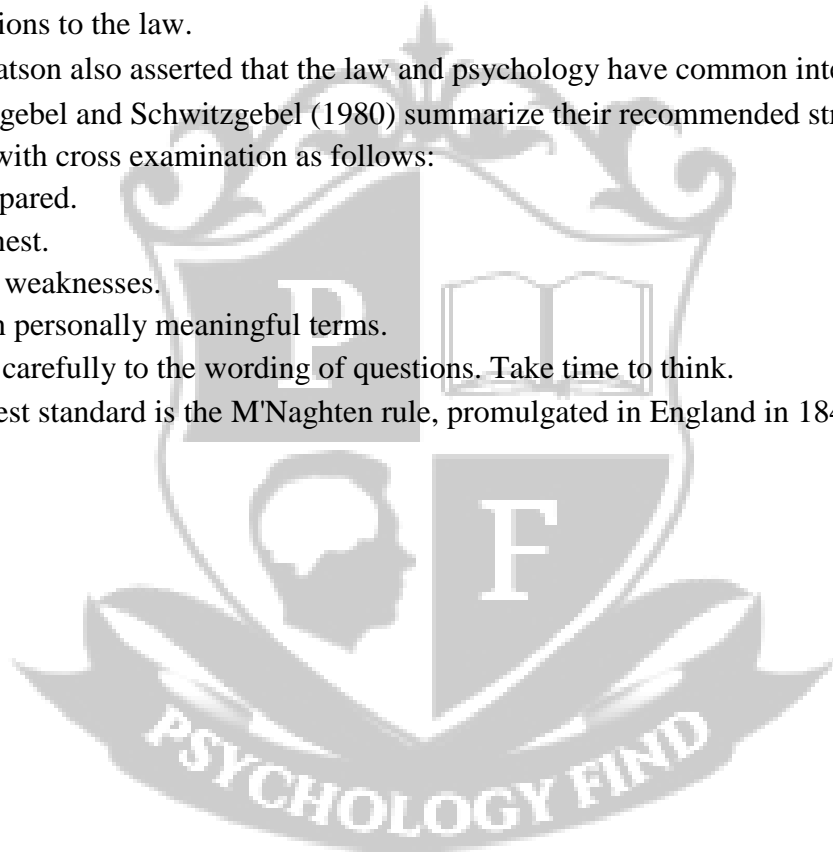
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Lecture 43:

- This domain of clinical psychology, now called forensic psychology.
- Forensic psychology involves "the application of the methods, theories, and concepts of psychology to the legal system" (Wrightsmen, Nietzel, & Fortune, 1998, p. 499).
- Munsterberg, William Stem reported in 1901 that he was studying the "correctness" of recollection-an early precursor of today's research on eyewitness testimony.
- Freud, in a 1906 speech to some Austrian judges, claimed that psychology has real applications to the law.
- John Watson also asserted that the law and psychology have common interests.
- Schwitzgebel and Schwitzgebel (1980) summarize their recommended strategies for coping with cross examination as follows:
 - Be prepared.
 - Be honest.
 - Admit weaknesses.
 - Talk in personally meaningful terms.
 - Listen carefully to the wording of questions. Take time to think.
- The oldest standard is the M'Naghten rule, promulgated in England in 1843.



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Lecture 44:

- It has been estimated that at least **8 million** children in the United States need mental health services.
- Clinical child psychology, a common activity over the years has been work with children and adolescents once psychopathological symptoms have developed.
- Pediatric psychology (or child health psychology, as it is often called) has been described as clinical child psychology conducted in medical settings, including hospitals, developmental Clinics, or medical group practice.
- Pediatric psychologists frequently intervene before psychopathology develops for at least at an earlier stage of the disorder) and their referrals often come from pediatricians.
- Witmer (1896) stimulated the profession of clinical psychology by starting the first psychological clinic.
- DSM-I and the DSM-II regarded childhood problems as downward extensions of adult disorders.
- There are 43 specific diagnoses contained in ten groups (American Psychiatric Association, 1994).
- By 1966, some 300 psychologists were working in pediatric settings in the United States.
- The term resilience refers to qualities in individuals that are associated with their ability to overcome adversity and achieve good developmental outcomes.
- To simplify matters a bit, we will group these activities under the headings of (a) assessment, (b) Intervention, (c) prevention, and (d) consultation.
- Hyperactivity and conduct disorders occur more frequently in boys than in girls.
- 3 problems actually exist. Intolerance, ignorance, and misconceptions.
- There are **ten major groups** of disorders that are usually first diagnosed in infancy, childhood, or adolescence.
- Conduct disorder is one of the most frequently encountered diagnoses in inpatient and outpatient settings that treat children and adolescents.
- **Internalizing disorders** are characterized by symptoms of anxiety, depression, shyness, and social withdrawal. Examples of internalizing disorders are mood disorders (such as major depressive disorder) and anxiety disorders (such as separation anxiety disorder).
- **Externalizing disorders** are characterized by aggressive behaviors, impulsive behaviors, and conduct problems. Examples of externalizing disorders are conduct disorder and attention deficit/ hyperactivity disorder.
- The **Behavioral Coding System (BCS)** developed and used by Patterson 1 1971) and colleagues Jones, Reid & Patterson, 1975; Patterson & Forgatch. 1995). The BCS was

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designed for use in the homes of pre delinquent boys with aggression and noncompliance problems.

- The most frequently used tests are the Wechsler Intelligence Scale for Children.
- Wide Range Achievement Test-3 (WRAT-3).
- Family Adaptability and Cohesion Evaluation Scales, or FACES.

Lecture 45:

- Kazdin (1988) has conservatively estimated that more than 230 therapeutic techniques are used in treating children or adolescents.
- Play therapy is Solomon's (1955) approach.
- Parent management training involves a set of therapeutic procedures that are designed to "train" parents to modify a child or adolescent's behavior at home.
- Barkley (1987) has developed a program for teaching child management skills to parents of children who are defiant and noncompliant.
- The most frequently prescribed medication for ADHD is the psycho stimulant methylphenidate.
- The medication most frequently used is those that treat attention deficit/hyperactivity disorder, or ADHE.
- Consultation-liaison relationships have long been typical in the professional lives of pediatric psychologists.
- Drotar (1995) and Roberts (1986) have described the consultation process at some length, although the focus here will be on the pediatric psychologist, many points apply equally to clinical child psychologists.
- Roberts (1986) has provided a list of sample guidelines or protocols for the assessment and treatment of childhood problems.

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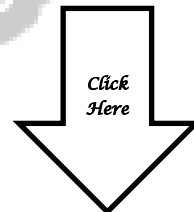
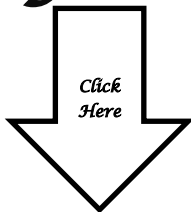
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