

Psychological testing and treatment implications

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The paper " Psychological Testing and Treatment Implications" is a wonderful example of a psychology assignment. The stages of Prochaska's model of change include (1) pre-contemplation where one has no perceived need to change in the foreseeable future, (2) contemplation where one develops an awareness of an existing problem but has no commitment to take action, (3) preparation for action where one prepares to take action to modify behavior in the immediate future, (4) recent change where one takes action to change and achieves substantial behavior modification, and (5) maintenance where engages in sustaining behavior change (Prochaska, Wright, & Velicer, 2008). This model is not linear and can only be described as continuous in that, although it considers the progression of individuals through distinct stages, no conclusive evidence exists to suggest that change occurs in stages (Parker & Parikh, 2001). Don is a 44-year old male of Caucasian descent who has been living with an alcohol problem for more than 10 years. The problem has affected his work and family, though he does not show any symptoms of withdrawal. During the interview, Don noted that he knew he had a drinking problem some three months ago but was afraid to seek professional help because he did not want to be " locked up" in a rehabilitation facility. The disclosure that Kim has acknowledged the problem for the last three months (awareness) and that he is afraid of seeking professional help show that the client has contemplated changing his drinking behavior but is unwilling to seek professional help due to the perceived fear of being " locked up." The most important interventions include (1) instilling hope by demonstrating that change is not too hard to achieve, (2) using the Decisional Balance approach to demonstrate the advantages and disadvantages of behavior modification, and (3) motivating the client by pointing out the discrepancy

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between desired and current state (Prochaska et al., 2008). Resistance can be increased if a therapist uses negative verbal or non-verbal communication, hence making the client develop an attitude that seeking help is a mere waste of time. As such, it is fundamentally important for the therapist to adopt a positive orientation when demonstrating the advantages and disadvantages of behavior modification and also to illuminate such pros and cons from the client's perspective as opposed to his own (Shirazi et al., 2007). Mallory's behavior during the interview epitomizes transference to the extent of transferring her emotions of being bored with life to the therapist. It is clear that the client transfers her relational schemas of boredom with job and dissatisfaction with life to the therapist by interrupting the interview on four occasions to ask if she might be boring the therapist (Jaffee et al., 2012). Dr. Santos uses empathy, positive regard, and non-defensive efforts to urge the client to stay and also to demonstrate that she is indeed very interested in the client's story (Bram, 2013). Although Dr. Santos capacity to react this way encourages the client to continue with the interview, it nevertheless demonstrates that she is aware that the client is using transference to get her points across. It is transference and the client may be transferring her feelings of another individual or a failed relationship to the therapist (e. g., a previous boyfriend or family member). The client may also be transferring her own lack of self-esteem or self-efficacy arising from difficult or boring work-related environments. If Dr. Santos was a psychodynamic psychotherapist, she could have dealt with the issue by changing the client's feelings and behavior by discovering their unconscious meanings and motivations. If Dr. Santos was a humanistic psychotherapist, however, she could have dealt with the issue by emphasizing the client's

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capacity to make rational choices irrespective of past experiences (Different Approaches, 2016). Defense mechanisms in psychotherapy include “repression, projection, reaction formation, displacement, and sublimation” (Silberman, 2014, p. 15-16). Repression is applicable in the case as demonstrated by how the client draws attention to the fact that the therapist is bored by the interview with the view to repressing a conscious awareness emanating from lack of self-worth. Projection is also applicable in the case as demonstrated by how the client wants to project the notion that the therapist is not interested in the interview because of boredom. The model that is most preferred to commence treatment for Don’s alcoholism is the cognitive-behavioral therapy as it is effective in reinforcing positive behaviors and ensuring the client achieves optimal self-efficacy to approach risky situations without relying on alcohol (Huebner & Kantor, 2011). An analysis of the beliefs, attitudes, and situations that trigger the patient to abuse alcohol should be done to ensure that the coping responses provided are effective in preventing relapse (McKay & Hiller-Sturmhofel, 2011). Since Don has abused alcohol for a long time, it is important to use other models such as coping skills training and relapse prevention aimed at not only facilitating healthy behavior change, but also ensuring that the client is empowered to identify high-risk situations for drinking and is equipped with a collection of coping skills to prevent relapse (Hilton & Pilkonis, 2015). The treatment can be done in an outpatient setting to minimize costs (client not financially stable) and also to ensure the therapy is not disruptive to his life (Huebner & Kantor, 2011). In terms of modality, formal group therapy is preferred to ensure that the client benefits from the feedback/support

provided by other group members and to facilitate faster modification of behavior by participating in drug-free leisure activities.