

Psychotherapy assignment

Psychology



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Children may receive such therapy from social pedagogues and social workers who have completed a five-year postgraduate course. [2] Physicians must complete a residency in psychotherapeutic medicine till 2003. A training in psychotherapy is also part of residency in psychiatry and psychosomatic medicine the title of those professionals is consultant for psychiatry and psychotherapy and consultant for psychosomatic medicine and psychotherapy. All consultant physicians are able to specialize themselves in psychotherapy for their province e. G. In psychotherapy for oncology in a five-year course.

In Italy, the Concession Act (no. 56/1989, art. 3) restricts the practice of psychotherapy to graduates in psychology or medicine who have completed a four-year postgraduate course in psychotherapy at a training school recognized by the state. [n 1] French legislation restricts use of the title “psychotherapist” to professionals on the National Register of Psychotherapists; [n 2] the inscription on this register requires a training in clinical psychopathology and a period of internship which is only open to physicians or titular of a master’s degree in psychology or psychoanalysis.

Sweden has a similar restriction on the title “psychotherapist”, which may only be used by professionals who have gone through a post-graduate training in psychotherapy and then applied for a license, issued by the National Board of Health and Welfare. [5] Austria and Switzerland (2011) have laws that recognize multifunctional-disciplinary approaches. United Kingdom [edit] In the United Kingdom, psychotherapy is voluntarily regulated. National registers for psychotherapists and counselors are maintained by three main

umbrella bodies:[n 3] 1 . The United Kingdom Council for Psychotherapy (CUP) 2.

The British Association for Counseling and Psychotherapy (BACK) 3. The British Psychoanalytic Council (BPCS – formerly the British Confederation of Psychotherapists) There are many smaller professional bodies and associations such as the Association of Child Psychotherapists (CAP)[7] and the British Association of Psychotherapists (ABA). [8] Following a 2007 United Kingdom Government White Paper, “ Trust Assurance and Safety – The Regulation of Health Professionals in the 21st Century”[9] the Health Professions Council (HIP) consulted on potential statutory regulation of psychotherapists and counselors.

The HIP is an official state regulator that regulates some 15 professions at present. Research by academics at King’s College London subsequently studied the effects of increasing regulation of psychotherapists and counselors, compared with the effects of statutory regulation of medical doctors. The research found significant unintended effects of statutory regulation, especially defensive practice,[10] and concluded that mandatory professional regulation was a more effective way of regulating the practices of psychotherapists and counselors. 11] Government policy subsequently moved away from statutory regulation, and the Professional Standards Authority for Health and Social Care (AS) launched an Accredited Voluntary Registers Etymology[edit] Psychotherapy is an English word of Greek origin, deriving from Ancient Greek psyche (Wax?? I meaning “ breath; spirit; soul”) and therapies (Patient “ healing; medical treatment”). According to the Oxford English Dictionary, psychotherapy first meant “ hypnotherapy”
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instead of “ psychotherapy”. [citation needed] The original meaning, “ the treatment of disease by ‘ psychic’ [i. . . , hypnotic] methods”, was first recorded in 1853 as “ Psychotherapies, or the remedial influence of mind”. The modern meaning, “ the treatment of disorders of the mind or personality by psychological or psychophysiology methods”, was first used in 1892 by Frederic van Eden translating “ Suggestive Psycho-therapy” for his French “ Psychotic?? rapier Suggestive”. Van Eden credited borrowing this term from Daniel Hack Take and noted, “ Psycho-therapy had the misfortune to be taken in tow by hypnotism. [14] The psychiatrist Jerome Frank defined psychotherapy as the relief of distress or disability in one person by another, using an approach based on a particular theory or paradigm, and a requirement that the agent performing the therapy has had some form of training in delivering this. It is these latter two points which distinguish psychotherapy from other forms of counseling or caregivers. [1 5] In the United States, a councilor is defined as one who provides specific help for a particular need such satisfaction where a therapist works on a broader range of issues and generally for a longer period of time. 16] Psychologist Hans J. Essence in explaining the relationship between psychotherapy, behavior therapy and behavior modification defines it in its broadest sense as “ the use of psychological theories and methods in the treatment of psychiatric disorders. He goes on to state that psychotherapy “ has a narrower meaning, namely the use of interpretative (mostly Freudian) methods of therapy. “[17] Forms[edit] Most forms of psychotherapy use spoken conversation. Some also use various other forms of communication such as the written word, artwork, drama, narrative story or music.

Psychotherapy with children and their parents often involves play, determination (I. E. Role-play), and drawing, with a co-constructed narrative from these non-verbal and displaced modes of interacting. [18]

Psychotherapy occurs within a structured encounter between a trained therapist and client(s). Purposeful, theoretically based psychotherapy began in the 19th century with psychoanalysis; since then, scores of other approaches have been developed and continue to be created. Therapy is generally used in response to a variety of specific or non-specific manifestations of clinically diagnosable and/or existential crises.

Treatment of everyday problems is more often referred to as counseling (a distinction originally adopted by Carl Rogers). However, the term counseling is sometimes used interchangeably with “ psychotherapy”. While some psychotherapeutic interventions re designed to treat the patient using the medical model, many psychotherapeutic approaches do not adhere to the symptom-based model of “ illness/cure”. Some practitioners, such as humanistic therapists, see themselves more in a facilitative/ helper role.

As sensitive and deeply personal topics are often discussed during psychotherapy, therapists are expected, and usually legally bound, to respect client or patient confidentiality. The critical importance of confidentiality is enshrined in the regulatory psychotherapeutic organizations’ codes of ethical practice. Systems[edit] Main article: List of psychotherapies Wackiness has related news: Dry. Joseph Merlin on sexuality, insanity, Freud, fetishes and apathy There are several main broad systems of psychotherapy: Psychoanalytic – This was the first practice to be called a psychotherapy.

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It encourages the fertilization of all the patient's thoughts, including free associations, fantasies, and dreams, from which the analyst formulates the nature of the unconscious conflicts which are causing the patient's symptoms and character problems. Behavior therapy/applied behavior analysis – Focuses on changing maladaptive patterns of behavior to improve emotional responses, cognitions, and interactions with others. Cognitive behavioral – Generally seeks to identify maladaptive cognition, appraisal, beliefs and reactions with the aim of influencing destructive negative emotions and problematic dysfunctional behaviors.

Psychodrama – A form of depth psychology, whose primary focus is to reveal the unconscious content of a client's psyche in an effort to alleviate psychic tension. Although its roots are in psychoanalysis, psychodrama therapy tends to be briefer and less intensive than traditional psychoanalysis.

Existential – Based on the existential belief that human beings are alone in the world. This isolation leads to feelings of meaninglessness, which can be overcome only by creating one's own values and meanings.

Existential therapy is philosophically associated with phenomenology.

Humanistic – Emerged in reaction to both behaviorism and psychoanalysis and is therefore known as the Third Force in the development of psychology. It is explicitly concerned with the human context of the development of the individual with an emphasis on subjective meaning, a rejection of determinism, and a concern for positive growth rather than pathology. It posits an inherent human opacity to maximize potential, the self-actualization tendency'.

The task of Humanistic therapy is to create a relational environment where this tendency might flourish. Humanistic psychology is philosophically rooted in existentialism. Brief – “ Brief therapy” is an umbrella term for a variety of approaches to psychotherapy. It differs from other schools of therapy in that it emphasizes (1) a focus on a specific problem and (2) direct intervention. It is solution-based rather than problem- oriented. It is less concerned with how a problem arose than with the current factors sustaining it and preventing change.

Systemic – Seeks to address people not at an individual level, as is often the focus of other forms of therapy, but as people in relationship, dealing with the interactions of groups, their patterns and dynamics (includes family therapy & marriage counseling). Community psychology is a type of systemic psychology. Transnational – Addresses the client in the context of a spiritual understanding of consciousness. Body Psychotherapy – Addresses problems of the mind as being closely correlated with bodily phenomena, including a person’s sexuality, musculature, breathing habits, physiology etc.

This therapy may involve usage and other body exercises as well as talking.

There are hundreds of psychotherapeutic approaches or schools of thought.

By 1980 there were more than 250;[19] by 1996 there were more than 450.

[20] History[edit] See also: History of psychotherapy and Timeline of

psychotherapy In an informal sense, psychotherapy can be said to have been practiced through the ages, as individuals received psychological counsel and reassurance from others. According to Colic Pelham, “ The Stoics were one of the main Hellenic schools of philosophy and therapy, along with the Skeptics and Epicureans (Nassau, 1994).

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Philosophers and physicians from these schools practiced psychotherapy among the Greeks and Romans from about the late 4th century BC to the 4th century AD. “[21] Indeed, Stoic philosophy was explicitly cited by the founders of cognitive therapy and rational-emotive behavior therapy as the principal precursor and inspiration for their own approaches. [22]

Psychoanalysis was perhaps the first specific school of psychotherapy, developed by Sigmund Freud and others through the early 20th century.

Trained as a neurologist, Freud began focusing on problems that appeared to have no discernible organic basis, and theorized that they had psychological causes originating in childhood experiences and the unconscious mind.

Techniques such as dream interpretation, free association, transference and analysis of the id, ego and superego were developed. Many theorists, including Anna Freud, Alfred Adler, Carl Jung, Karen Horney, Otto Rank, Erik Erikson, Melanie Klein, and Heinz Sigmund, built upon Freud’s fundamental ideas and often developed their own systems of psychotherapy.

These were all later categorized as psychodrama, meaning anything that involved the psychoneurosis’s/unconscious influence on external relationships and the self. Sessions tended to number into the hundreds over several years. Behaviorism developed in the 1920s, and behavior modification as a therapy became popularized in the 1950s and 1960s.

Notable contributors were Joseph Wolpe in South Africa, M. B. Shapiro and Hans Eysenck in Britain, and John B. Watson and B. F. Skinner in the United States.

Behavioral therapy approaches relied on principles of operant conditioning, classical conditioning and social learning theory to bring about therapeutic change in observable symptoms. The approach became commonly used prohibits, as well as other disorders. Some therapeutic approaches developed out of the European school of existential philosophy. Concerned mainly with the individual's ability to develop and preserve a sense of meaning and purpose throughout life, major contributors to the field in the US (e. G. , Irvin Yalta, Roll May) and Europe (Victor Frankly, Ludwig Binger's, Madame Boss, R.

D. Laying, Emmy van Drunken) and later in the asses and asses both in the United Kingdom and in Canada, Eugene Hammier [23][24] attempted to create therapies sensitive to common ' life crises' springing from the essential bleakness of human self-awareness, previously accessible only through the complex writings of existential philosophers (e. . , SëRene Aggregated, Jean-Paul Sartre, Gabriel Marcel, Martin Heidegger, Frederica Nietzsche). The uniqueness of the patient- therapist relationship thus also forms a vehicle for therapeutic inquiry.

A related body of thought in psychotherapy started in the asses with Carl Rogers. Based on existentialism and the works of Abraham Monsoonal his hierarchy of human needs, Rogers brought person-centered psychotherapy into mainstream focus. The primary requirement of Rogers is that the client should be in receipt of three core ' conditions' from his counselor or therapist: unconditional positive regard, also moieties described as ' prizing' the person or valuing the humanity of an individual, congruence [authenticity/genuineness/transparency], and empathic understanding.

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The aim in using the ‘core conditions’ is to facilitate therapeutic change within a non-directive relationship conducive to enhancing the client’s psychological well being. This type of interaction enables the client to fully experience and express himself. Others developed the approach, like Fritz and Laura Perls in the creation of Gestalt therapy, as well as Marshall Rosenberg, founder of Nonviolent Communication, and Eric Berne, founder of Transactional Analysis. Later these fields of psychotherapy would become what is known as humanistic psychotherapy today. Self-help groups and books became widespread.

During the 1950s, Albert Ellis originated Rational Emotive Behavior Therapy (REBT). A few years later, psychiatrist Aaron T. Beck developed a form of psychotherapy known as cognitive therapy. Both of these generally included relatively short, structured and present-focused therapy aimed at identifying and changing a person’s beliefs, appraisals and reaction-patterns, by contrast with the more long-lasting insight-based approach of psychodrama or numismatic therapies. Cognitive and behavioral therapy approaches were combined and grouped under the heading and umbrella-term Cognitive behavioral therapy (CBT) in the 1960s.

Many approaches within CBT are oriented towards active/ directive collaborative empiricism and mapping, assessing and modifying clients core beliefs and dysfunctional schemas. These approaches gained widespread acceptance as a primary treatment for numerous disorders. A “third wave” of cognitive and behavioral therapies developed, including Acceptance and Commitment Therapy and Dialectical behavior therapy, which expanded the

concepts of other disorders and/or added novel components and mindfulness exercises.

Counseling methods developed, including solution-focused therapy and systemic coaching. During the 1950s and 1960s Eugene Hammer, after training in the new discipline of psychiatric social work, developed Hammer's method of Human Social Functioning, a methodology based on the principle that frustration is the potential to human flourishing. [23][24] Positive psychotherapy (PPTP) (since 1968) is the name of the method of the psychotherapeutic modality developed by Angoro's Physician and co-workers. Proof.

Physician, MD, (1933-2010) was a specialist in neurology, psychiatry, psychotherapy and psychotherapeutic medicine. Positive psychotherapy is a method in the field of humanistic and psychodrama psychotherapy and is based on a positive image of man, which correlates with a isolationistic, resource- oriented, humanistic and conflict-centered approach. Postmodern psychotherapies such as Narrative Therapy and Coherence Therapy did not impose definitions of mental health and illness, but rather saw the goal of therapy as something constructed by the client and therapist in a social context.

Systems Therapy also popped, which focuses on family and group dynamics?? interpersonal psychology, which focuses on the spiritual facet of human experience. Other important orientations developed in the last three decades include Feminist therapy, Brief therapy, Somatic Psychology, Expressive therapy, applied Positive psychology and the Human Givens

approach which is building on the best of what has gone before. [25] A survey of over 2, 500 US therapists in 2006 revealed the most utilized models of therapy and the ten most influential therapists of the previous quarter-century. 26] General description[edit] This section needs additional citations for verification. Please help improve this article by adding citations to reliable sources. Unsourced material may be challenged and removed. Lully 2010) Psychotherapy can be seen as an interpersonal invitation offered by (often trained and regulated) psychotherapists to aid clients in reaching their full potential or to cope better with problems of life. Psychotherapists usually receive remuneration in some form in return for their time and skills.

This is one way in which the relationship can be distinguished from an altruistic offer of assistance. Psychotherapists and counselors are often required to create a therapeutic environment referred to as the frame, which is characterized by a free yet secure climate that enables the client to open up. The degree to which client feels related to the therapist may well depend on the methods and approaches used by the therapist or counselor.

Psychotherapy often includes techniques to increase awareness and the capacity for self-observation, change behavior and cognition, and develop insight and empathy.

Desired results may be to enable other choices of thought, feeling or action, and to increase the sense of well-being and to better engage subjective discomfort or distress. Perception of reality is hopefully improved. Grieving might be enhanced producing less long term depression. Psychotherapy can improve medication response where such medication is also needed.

[citation needed] Psychotherapy can be provided on a one-to-one basis, in group therapy, conjointly with couples and with entire families.

It can occur face to face (individual), over the telephone, or, much less commonly, the Internet. Its time frame may be a matter of weeks or many years. Therapy may address specific forms of diagnosable mental illness, or everyday problems in managing or maintaining interpersonal relationships or meeting personal goals. Treatment in families with children can favorably influence a child's development, lasting for life and into future generations. Better parenting may be an indirect result of therapy or purposefully learned as parenting techniques.

Divorces can be prevented, or made far less traumatic. Treatment of everyday problems is more often referred to as counseling (a distinction originally adopted by Carl Rogers) but the term is sometimes used interchangeably with " psychotherapy". Therapeutic skills can be used in mental health consultation to business and public agencies to improve efficiency and assist with coworkers or clients. Psychotherapists use a range of techniques to influence or persuade the client to adapt or change in the direction the client has chosen.

These can be based on clear thinking about their options; experiential relationship building; dialogue, communication and adoption of behavior change strategies. Each is designed to improve the mental health of a client or patient, or to improve group relationships (as in a family). Most forms of psychotherapy use only spoken conversation, though some also use other forms of communication such as the written word, artwork, drama, narrative

story, or therapeutic touch. Psychotherapy occurs within a structured encounter between a trained therapist and client(s).

Because sensitive topics are often discussed during or patient confidentiality. Psychotherapists are often trained, certified, and licensed, with a range of different certifications and licensing requirements depending on the jurisdiction. Psychotherapy may be undertaken by clinical psychologists, counseling psychologists, rehabilitation counselors, social workers, marriage-family therapists, adult and child psychiatrists and expressive therapists, trained nurses, psychiatrists, psychoanalysts, mental health counselors, school counselors, or professionals of other mental health disciplines.

Psychiatrists have medical qualifications and may also administer prescription medication. The primary training of a psychiatrist uses the 'Bio-psycho-Social' model, medical training in practical psychology and applied psychotherapy. Psychiatric training begins in medical school, first in the doctor patient relationship with ill people, and later in psychiatric residency for specialists. The focus is usually eclectic but includes biological, cultural, and social aspects. They are advanced in understanding patients from the inception of medical training.

Today there are two doctoral degrees in psychology, the Used and PhD. Training for these degrees overlap, but the Used is more clinical and the Phd stresses research. Both degrees have clinical education components. Clinical social workers have specialized training in clinical casework. They hold a masters in social work which entails two years of clinical internships, and a period of at least three years in the US of post-masters experience in

psychotherapy. Marriage-family therapists have specific training and experience working with relationships and family issues.

A licensed professional counselor (ALP) generally has special training in career, mental health, school, or rehabilitation counseling to include evaluation and assessments as well as psychotherapy. Many of the wide variety of training programs are multiprocessing, that is, psychiatrists, psychologists, mental health nurses, and social workers may be found in the same training group. All these degrees commonly work together as a team, especially in institutional settings.

All those doing specialized psychotherapeutic work, in most countries, require a program of continuing education after the basic degree, or involve multiple certifications attached to one specific degree, and ‘ board certification’ in psychiatry. Specialty exams are used to confirm competence or board exams with psychiatrists . Medical and non-medical models[edit] A distinction can also be made between those psychotherapies that employ a medical model and those that employ a humanistic model. In the medical model the client is seen as unwell and the therapist employs their skill to help the client back to health.

The extensive use of the AD/SM-IV, the diagnostic and statistical manual of mental disorders in the United States, is an example of a medically exclusive model. The humanistic model of non medical in contrast strives to topologies the human condition. The therapist attempts to create a relational environment conducive to experiential learning and help build the client’s confidence in their own natural process resulting in a deeper understanding

of themselves. An example would be gestalt therapy. Some psychodrama practitioners distinguish between more uncovering and more supportive psychotherapy.

Uncovering psychotherapy emphasizes facilitating the client's insight into the roots of their difficulties. The best-known example of an uncovering psychotherapy is classical psychoanalysis. Supportive psychotherapy by contrast stresses strengthening the client's defenses and often providing encouragement and advice. Depending on the client's personality, a more supportive or more uncovering approach may be optimal. Most psychotherapists use a combination of uncovering and supportive approaches. Specific schools and approaches[edit] and removed. Unary 2014) Main article: list of psychotherapies

In practices of experienced psychotherapists, the therapy is typically not of one pure type, but draws aspects from a number of perspectives and schools. [27][28] Psychoanalysis[edit] Main article: Psychoanalysis Freud, seated left of picture with Jung seated at right of picture. 1909

Psychoanalysis was developed in the late 19th century by Sigmund Freud. His therapy explores the dynamic workings of a mind understood to consist of three parts: the hedonistic id (German: *das Es*, "the it"), the rational ego (*das Ich*, "the I"), and the moralities (*das Über-Ich*, "the above-I").

Because the majority of these dynamics are said to occur outside people's awareness, Freudian psychoanalysis seeks to probe the unconscious by way of various techniques, including dream interpretation and free association. Freud maintained that the condition of the unconscious mind is profoundly

influenced by childhood experiences. So, in addition to dealing with the defense mechanisms used by an overburdened ego, his therapy addresses fixations and other issues by probing deeply into clients' youth.

Other psychodrama theories and techniques have been developed and used by psychotherapists, psychologists, psychiatrists, personal growth oscillators, occupational therapists and social workers. For example, object relations theory is a psychodrama theory that has been widely applied to general psychotherapy and to psychiatry by such authors as N. Gregory Hamilton [29] [30] and Glen O. Gabbard. [31] Techniques for group therapy have also been developed. While behavior is often a target of the work, many approaches value working with feelings and thoughts.

This is especially true of the psychodrama schools of psychotherapy, which today include Jungian therapy and Psychodrama as well as the psychoanalytic schools and object relations theory. Gestalt therapy[edit] Main article: Gestalt therapy Gestalt therapy is a major overhaul of psychoanalysis. In its early development, its founders, Frederick and Laura Peers, called it “ concentration therapy’. By the time Gestalt Therapy, Excitement and Growth in the Human Personality by Peers, Hyperfine, and Goodman was written in 1951, the approach became known as “ Gestalt Therapy”.

Gestalt therapy stands on top of essentially four load-bearing theoretical walls: phenomenological method, ideological relationship, field-theoretical strategies, and experimental freedom. Some[who?] have considered it an existential phenomenology while others[who? Have described it as a

phenomenological behaviorism. Gestalt therapy is a humanistic, holistic, and experiential approach that does not rely on talking alone; instead it facilitates awareness in the various contexts of life by moving from talking about relatively remote situations to action and direct current experience.

Positive Psychotherapy[edit] Main article: Positive Psychotherapy Positive psychotherapy (PPTP) (since 1968) is the name of the method of the psychotherapeutic modality developed by Angoras Physician and co-workers. Positive psychotherapy is a method in the field of humanistic and psychodrama psychotherapy and is based on a positive image of man, which correlates with a isolationistic, resource-oriented, humanistic and conflict-centered approach. It is accredited by several institutions (e. G.