PSYCHOTHERAPY

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Aging Families & Caregiver Program

- LPG Department of Psychiatry
  - Family Therapy Program
  - Geriatric Psychiatry
  - Neuropsychology
- Psychological Assessment & Family Evaluation
- Caregiver Stress Management Services
- Problem-Focused Family Therapy
- Adjustment to Aging-Related Life Changes
- Loss, Grief Counseling
- Coordination of Care
“GETTING OLD IS NOT FOR WIMPS”

WHEN YOU GET OLD, EVERYTHING CHANGES....

- Finances
- Functioning
- Health
- Independence
- Housing/Living
- Health, Senses, Thinking
- Social connections
How do seniors handle these challenges?
OVERVIEW OF DISCUSSION

▪ Brief Overview of the Most Common Psychotherapeutic Modalities
▪ Organizing Framework for Intervention
▪ Case Studies
Most Common Psychotherapeutic Modalities
MOST COMMON PSYCHOTHERAPIES

- Cognitive Behavioral Therapy- depression, anxiety
- Behavioral Activation/Health Behaviors- depression, anxiety
- Exposure Therapy- PTSD, phobias
- Problem Solving- depression
- Psychodynamic- interpersonal relationships, personality disorders, depression, anxiety
- DBT/ACT- personality disorders, depression, anxiety, Life…
COGNITIVE BEHAVIORAL THERAPY
# Automatic Thought Record

When you notice your mood getting worse, ask yourself, "What’s going through my mind right now?" As soon as possible, fill in the table below.

<table>
<thead>
<tr>
<th>Date, Time</th>
<th>Situation</th>
<th>Automatic Thoughts (ATs)</th>
<th>Emotion/s</th>
<th>Adaptive Response</th>
<th>Outcome</th>
</tr>
</thead>
</table>
|            | • What led to the unpleasant emotion?  
• What distressing physical sensations did you have? | • What thoughts or images went through your mind?  
• How much did you believe the thought at the time (0-100%)? | • What emotions did you feel at the time?  
• How intense was the emotion (0-100%)? | • Which thinking styles did you engage in?  
• Use questions below to respond to the automatic thoughts/s.  
• How much do you believe each response (0-100%)? | • How much do you now believe your ATs (0-100%)?  
• What emotion/s do you now feel? At what intensity? |

Questions to compose an Adaptive Response: (1) What is the evidence that the automatic thought is true? Not true? (2) Is there an alternative explanation? (3) What’s the worst that could happen? What’s the best that could happen? What’s the most realistic outcome? (4) If a friend were in this situation and had this thought, what would I tell him/her?
Health Behaviors/Behavioral Activation (BA)

Feeling Depressed

- staying inside,
  withdrawing from friends and family, stopping activities,
  thinking about problems,
  procrastinating
HEALTH BEHAVIORS/BA

- Sleep
- Diet
- Exercise
- Social activities
- Meaningful activities
- Education
- Spirituality
Behavioral Activation (BA)
## Behavioral Activation (BA) - Schedule Template

<table>
<thead>
<tr>
<th>Time/Period</th>
<th>Sunday</th>
<th>Monday</th>
<th>Tuesday</th>
<th>Wednesday</th>
<th>Thursday</th>
<th>Friday</th>
<th>Saturday</th>
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EXPOSURE THERAPY

Professor Gallagher and his controversial technique of simultaneously confronting the fear of heights, snakes, and the dark.
EXPOSURE THERAPY

- Meaning
- Group therapy
<p>| | | |</p>
<table>
<thead>
<tr>
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</thead>
<tbody>
<tr>
<td>A</td>
<td>Adapt</td>
<td>Assisting the patient with developing and maintaining a positive attitude</td>
</tr>
<tr>
<td>D</td>
<td>Define</td>
<td>Assisting the patient with defining the problem at hand, obstacles to change, and discussing realistic goals</td>
</tr>
<tr>
<td>A</td>
<td>Alternatives</td>
<td>Assisting the patient with developing a list of alternatives to arrive at an effective solution to achieve goals</td>
</tr>
<tr>
<td>P</td>
<td>Predict</td>
<td>Determining what the pros and cons of each alternative would be and choosing an alternative with the best possibility of being effective (determined by the patient with assistance from the health care professional)</td>
</tr>
<tr>
<td>T</td>
<td>Try Out</td>
<td>The patient implements a solution and tracks progress (with assistance from the health care professional)</td>
</tr>
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</table>
PSYCHODYNAMIC APPROACHES

- Present
- Past
- Triangle of the person
- Transference
NEW MODALITIES

Dialectical Behavior Therapy (DBT), Acceptance and Commitment Therapy (ACT)

- Blending of theoretical and technical foundations of:
  - Behavioral interventions
  - Cognitive interventions

- Decreased emphasis on symptom reduction

- Increased emphasis on:
  - Meaning and values
  - Metacognition (“mindfulness”)
  - Health and well being
ACCEPTANCE AND COMMITMENT THERAPY (ACT)

ACT HEXAFLEX

PRESENT
Past - Future

ACCEPTANCE
Experiential Avoidance

VALUES
Lack of Direction

ACT

PSYCHOLOGICAL FLEXIBILITY
Inflexibility

DEFUSION
Cognitive Fusion

COMMITTED ACTION
Inaction/Stuck

SELF AS CONTEXT
Self as Content
Values

Values are what we find meaningful in life. They are what you care about and consider to be important. Values are different for everybody, and they can change over time.

Values are different from goals. Put crudely, goals can be ‘achieved’ whereas values are more like compass directions that we want to head in. For example we might have the goal of getting our children to school on time, which sits within the value of ‘being a good parent’ or the goal of going for a jog while placing value upon exercise and physical health.

The domains below are valued by some people. Leaving aside any obstacles for the moment, think about what is important to you, and what you think makes for a meaningful life that you could value.

Family relations
What kind of relationships do you want with your family?
What kind of mother/father/brother/sister/uncle/aunt do you want to be?

Physical wellbeing
What kind of values do you have regarding your physical wellbeing? How do you want to look after yourself?

Citizenship / community
What kind of environment do you want to be a part of? How do you want to contribute to your community?

Spirituality
What kind of relationship do you want with God/nature/the Earth?

Marriage / couple / intimate relations
What kind of husband/wife/partner do you want to be? What quality of relationship do you want to be a part of?

Parenting
What sort of parent do you want to be? What guides do you want your children to see in you?

Friendships / social relationships
What sort of friend do you want to be? What friendships are important to cultivate? How would you like to act towards your friends?

Recreation
How would you like to relax yourself? What relaxes you? When are you most playful?

Education / training / personal growth
How would you like to grow? What kind of skills would you like to develop? What would you like to know more about?

Employment
What kind of work is valuable to you? What qualities do you want to bring as an employee? What kind of work relationships would you like to build?

Adapted from: Wilson, Sandau, Kitchens & Roberts (2010), The Valued Living Questionnaire: defining and measuring valued action within a behavioural framework. The Psychological Record. 60, 249-272.
CONSIDERATIONS WITH OLDER ADULTS

- Cognitive status
- Sensory status
- Medical comorbidity
- Living/service setting
- Families, caregivers, social environment
- Psychiatric history
FAMILY IS FREQUENTLY INVOLVED

- Partners/Spouses
- Adult children
- Grandchildren
- Neighbors
- Friends
HOW DO YOU DEFINE THE SESSION?

- Individuals: Patient is the focus of treatment
- Family Meeting: Patient remains the focus
- Family Therapy: Family is the focus
ORGANIZING FRAMEWORK
McMaster Approach to Problem Centered Therapy

- The therapist is not responsible for fixing the patient/family
- The primary role of the therapist is to facilitate change
- Therapy focused on the needs of the patient/family, not the provider
- People have the ability to adapt and change
- People have to want to change and be active in the change process
- Therapy serves as an experiential model for effective problem solving
The Primary Role of the Therapist is to Facilitate Change (Therapeutic Tasks)

- The therapist creates a safe environment for therapy
- The therapist reframes conflict as a shared family problem
- The therapist helps the patient/family become effective problem solvers
- The therapist mirrors to patients/families how they are seen by others
- The therapist models appropriate communication, emotional responsiveness and problem solving
ORIENTING THE PATIENT/FAMILY

- Confidentiality and exceptions (safety, court order, abuse, POAs and guardianships)
- Identifying the patient and the problem.
- The initial contract
- Communication with providers and referrals
- Patient responsibilities
- Team based approach
- Ending treatment
CASES
THANK YOU!