General principles of psychological therapies

Nick Maguire

Abstract

Psychological therapies can be categorized into four broad families, defined by distinct theories of the person, psychopathology and change. These are cognitive behavioural, psychodynamic, person-centred and family/couples therapies. The underpinning theory and therapeutic approach of each form of therapy are briefly described, together with current outcome evidence with key references. Appropriate electronic resources are cited for each of the approaches described, and the wider literature on psychological approaches is briefly covered.

Keywords Behavioural; cognitive; couples; family; interpersonal; person-centred; psychodynamic; psychological therapies

Key points

- There are many forms of formal psychological therapies, falling broadly into four, theoretically defined groups, the dominant model (in terms of evidence and funded provision) currently being the cognitive and behavioural therapies
- Improving Access to Psychological Therapies (IAPT) services have provision streams for adults with anxiety and depression, children and young people, and now people with psychosis
- NICE guidelines are provided for anxiety and depression (adults and children), first episode psychosis, antisocial personality disorder (in prison contexts), self-harm for women with borderline personality disorder and chronic fatigue syndrome

Introduction

All psychological therapies involve some kind of discussion between two or more people, or engagement with an online resource (with and without human assistance), and are, to a greater or lesser extent, based on empirically derived psychological models. They are used to treat mental health problems and long-term physical health conditions. There has been an increase in use of psychological approaches, which although not considered formal therapy, make use of psychological models to engage people in the process of change (e.g. cognitive behavioural coaching).

The most significant development in the last 8 years has been the establishment of the government-funded Improving Access to Psychological Therapies (IAPT) programme. There are now well-established services for adults and children, and training for services for people suffering psychosis have been commissioned. These services must make use of evidence-based therapies, and are robustly and continuously evaluated in terms of clinical outcomes. A stepped-care approach has been adopted, psychological therapies mostly being provided at Steps 2 and 3. Step 2 centres around guided self-help, using self-help books and online software packages (see below). Step 3 is 'high-intensity' provision involving individual or sometimes group interventions. CBT is the predominant therapeutic model, although some services offer other forms of therapy. Referral is mainly via primary care, but patients can also self-refer. See www.england.nhs.uk/mentalhealth/cyp for IAPT for young people, and www.england.nhs.uk/mentalhealth/adults/iapt/ for adults.

Although there are many interpersonal therapeutic approaches, which vary in terms of evidence base, the most well-described and researched psychological therapies fall broadly into four categories based on their underpinning theories: (1) cognitive and behavioural therapies; (2) interpersonal and psychodynamic therapies; (3) person-centred therapies; and (4) family and couples therapies.

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Cognitive and behavioural approaches

There are many interventions based on understanding the relationship between thoughts, feelings and behaviours. These make use of concepts such as 'metacognition' (ability to reflect on one's own thoughts) and behavioural habituation (reduction in anxiety by repeated exposure to a feared stimulus). Most are based on empirically validated theories and structured in their delivery. These therapies fall into two basic groups, sometimes referred to as 'second-wave' (e.g. cognitive behavioural therapy (CBT)) and 'third-wave' (e.g. dialectical behaviour therapy (DBT), acceptance and commitment therapy (ACT)) cognitive therapies. Eight of the major forms of these psychological therapies are shown in Table 1, in addition to computerized approaches.

Evidence

CBT and behavioural activation are both highlighted by the National Institute for Health and Care Excellence as psychological treatments for depression.[1] CBT is also recommended for a range of anxiety disorders.[2] Individual CBT is recommended as an adjuvant treatment for schizophrenia, and group CBT is recommended for antisocial personality disorder.[3] DBT is recommended for women with borderline personality disorder, for whom self-harm is a significant problem (see further reading).

In terms of computerized CBT, only the software package 'Beating the Blues' is currently cited as effective for depression, and 'Fear Fighter' is recommended for panic/phobias.[4] A growing body of evidence indicates that CBT, mindfulness-based approaches and ACT can be useful in the management of many long-term health conditions (e.g. chronic fatigue syndrome). CBT is also included in the guidance for children[5] (alongside other therapies; see below).

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Cognitive and behavioural therapies

Therapy and original author	Key points
Cognitive behaviour therapy	• Negative content of thoughts is important, together with 'thinking errors' that maintain distress and lead to maladaptive behaviours • Problematic ways of thinking due to fundamental (core) beliefs and 'rules for living' formed in interaction with childhood experiences • Therapeutic interventions involve identifying these ways of thinking in terms of content and testing them • Techniques include behavioural experiments (testing beliefs and behaviours), thought records, graded hierarchies (behavioural change broken down into small steps) • See http://www.rcpsych.ac.uk/mentalhealthinfoforall/treatments/cbt.aspx
Behavioural activation	• Evidence indicates that the behavioural component of CBT may be effective in treating depression • Interventions focus on enabling depressed people to increase activity levels, with no cognitive component • See http://www.cci.health.wa.gov.au/docs/ACFAF2.pdf
Schema-focused cognitive therapy	• Designed to treat deep-seated interpersonal difficulties • Indicated in personality disorder • Deals explicitly with 18 fundamental 'schema' (i.e. clusters of beliefs about the self and others that drive perceptions and maladaptive behaviours) • 'Modes' (behavioural repertoire subsets) of operating are identified, to which people can shift depending on current experience • Three broad ways of attempting to cope with the distress associated with schema: schema avoidance, overcompensation and surrender • See http://www.cognitivetherapy.me.uk/schema_therapy.htm
Dialectical behaviour therapy	• The premise is that clients have not yet acquired certain skills, such as managing emotions and establishing and maintaining relationships (e.g. due to inconsistent, punishing or neglectful parenting) • Emotion dysregulation is a key issue; interventions are often based around teaching skills to manage anger and anxiety

Table 1 (*continued*)

Therapy and original author	Key points
	• The therapeutic relationship is an intrinsic aspect, as a model of a healthy relationship, and also to reinforce behaviours that are less harmful to the individual • 'Mindfulness' techniques are used to enable clients to notice the negative judgements they make about themselves and others • Evidence suggests it is useful for reduction in maladaptive behaviours (particularly self-harming behaviours) and increasing functioning for people diagnosed with borderline personality disorder • See http://behavioraltech.org/resources/whatisdbt.cfm
Acceptance and commitment therapy	• Based on an relational frame theory, an empirically strong theory that associates language (internal dialogue) with distressing experiences • Useful concept of 'cognitive fusion' describes how emotional experience becomes 'fused' with the words used to describe it • Treatment makes use of techniques to enable individual to accept difficult life events • Interventions may enable experiential 'defusion' from meaning of words and concepts • Articulation of an individual's values is important and may enable the individual to be clear about behaviours they engage in that serve those values • See http://contextualpsychology.org/act
Mindfulness-based cognitive therapy	• Developed to treat recurrent and severe depression • The practice of mindfulness (purposefully paying attention to experience, including thoughts) is found to be particularly useful in reducing the intensity of depression experienced and the lengths and frequency of depressive episodes • Makes use of theoretical findings indicating that negative moods can increase the likelihood of negative images and thoughts, exacerbating the depressed mood • See http://www.mbct.co.uk
Mindfulness-based stress reduction	• Brief (e.g. 8—12 weeks) intervention using mindfulness techniques to reduce stresses associated with a number of disorders

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